

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**APPROVED
AND
FILED**

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Tallahassee, Florida
Secretary of State
Tallahassee, Florida 32399-0001

95 MAY 10 7:10:25

DOCUMENT # **V18877** (3)
H.I.P. MANAGEMENT, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business: **3880 SHERIDAN STREET HOLLYWOOD FL 33021**
Mailing Address: **3880 SHERIDAN STREET HOLLYWOOD FL 33021**

3. Date incorporated or qualified 03/03/1992	3a. Date of Last Report 04/26/1994
4. FEI Number 59-2243967	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under S. 199.032 Florida Statutes. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
State Apt. # etc. 22	State Apt. # etc. 27
City & State 23	City & State 28
Zip 24	Country 25
City 29	Country 30

9. Name and Address of Current Registered Agent
**STRALEY, STEPHEN J.
505 NE 125TH STREET
NORTH MIAMI FL 33161**

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City
FL B5 Zip Code

11. Pursuant to the provisions of Sections 607.050(2) and 607.1508 Florida Statutes, this above named corporation submits this statement for the purpose of changing its registered office or registered agent or both in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505 Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 1995	
1. NAME D SILBERBERG, ALLEN	1. NAME	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
2. STREET ADDRESS 3561 ARBOR LANE HOLLYWOOD FL	2. STREET ADDRESS	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
3. CITY	3. CITY	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
4. NAME	4. NAME	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5. STREET ADDRESS	5. STREET ADDRESS	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
6. CITY	6. CITY	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
7. NAME	7. NAME	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
8. STREET ADDRESS	8. STREET ADDRESS	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
9. CITY	9. CITY	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in law under 199.032 Florida Statutes. I further certify that the information included on this annual report or supplementary annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. That I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 107 Florida Statutes, and that my name appears in Block 12 of Block 13 of changes to officers and directors with an address.

SIGNATURE: *Allen Silberberg* President **May 4 95** 305 963 9777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR