

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
Division of Corporations

APPROVED  
AND  
FILED

DOCUMENT # K84950

(0)

2:47

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

EHUP, INC.

Principal Place of Business

C/O SANDRA A. PHIPPS  
1340 53RD ST.  
WEST PALM BCH. FL 33407  
US

Mailing Address

% SANDRA A. PHIPPS  
1340 53RD ST  
W PALM BEACH FL 33407

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Chartered

05/01/1989

3a. Date of Last Report

05/01/1994

4. FCI Number

65-0126828

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under S. 199.02,  
Florida Statutes. ☐ Yes ☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

State, Apt. # etc.

State, Apt. # etc.

22

27

City, St, Zip

City, St, Zip

23

28

24

29

30

9. Name and Address of Current Registered Agent

PHIPPS, SANDRA A.  
1340 53RD ST  
W PALM BEACH FL 33407

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 199.02 and 199.03, Florida Statutes, the 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, Sections 199.02, Florida Statutes.

SIGNATURE

Agent's Signature (print name, title, address and telephone number)

Officer's Signature (print name, title, address and telephone number)

(Date)

12. OFFICERS AND DIRECTORS

| NAME              | STREET ADDRESS                  | CITY, ST, ZIP |
|-------------------|---------------------------------|---------------|
| PHIPPS, SANDRA A. | 1340 53RD ST<br>W PALM BEACH FL |               |
| PHIPPS, WILLIAM   | 1340 53RD ST<br>W PALM BEACH FL |               |
|                   |                                 |               |
|                   |                                 |               |
|                   |                                 |               |
|                   |                                 |               |
|                   |                                 |               |
|                   |                                 |               |
|                   |                                 |               |

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

| NAME | STREET ADDRESS | CITY, ST, ZIP | Change                   | Addition                 |
|------|----------------|---------------|--------------------------|--------------------------|
|      |                |               | <input type="checkbox"/> | <input type="checkbox"/> |
|      |                |               | <input type="checkbox"/> | <input type="checkbox"/> |
|      |                |               | <input type="checkbox"/> | <input type="checkbox"/> |
|      |                |               | <input type="checkbox"/> | <input type="checkbox"/> |
|      |                |               | <input type="checkbox"/> | <input type="checkbox"/> |
|      |                |               | <input type="checkbox"/> | <input type="checkbox"/> |
|      |                |               | <input type="checkbox"/> | <input type="checkbox"/> |
|      |                |               | <input type="checkbox"/> | <input type="checkbox"/> |

14. I, the undersigned, certify that the information supplied with this filing is complete, true and correct, and that the information is true and correct. I am familiar with, and accept the obligations of, Sections 199.02, Florida Statutes, and that my duties are as set forth in the Florida Statutes. I am familiar with, and accept the obligations of, Sections 199.02, Florida Statutes, and that my duties are as set forth in the Florida Statutes.

SIGNATURE:

*Sandra A. Phipps*

Sandra A. Phipps

4/27/95

407-844-7466

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Date)