SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K84950 1. Corporation Name EHUP, INC.

(0)

FILED Sep 12 1997 8:00am Secretary of State

						I FINDENSI MALENIA MENTA INTAL NELLE MALE	# 18 11 B 18 11 1	91811 81811 81812 81821 8981	
rincipal Place of	Business	Mailing A	ailing Address			I KOBITOKIN BON BONIN DITOTO TUTOT BIXIN BONIN BIADIN BIBDIN BIRKIN BUBUN BIRDIN BIRDIN BIRDIN			
O SANDRA A. I 340 53RD ST.	PHIPPS		% SANDRA A. PHIPPS 1340 53RD ST						
VEST PALM BCH, FL 33407 S		W PALM BEACH FL 33407				DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualified	3a. Da	te of Last Report	
						05/01/1989	06/	28/1996	
Principal Place of Business		2a. Mailin	2a. Mailing Address			4, FEI Number		Applied For	
		26				65-0126828		Not Applicable	
Suite, Apt. #, etc.		Suite,	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 Additional Fee Required	
City & State		City & 28	City & State			Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
Zip	Country 25	Z(p)	30	Country 30		This corporation owes or has pai Personal Property Tax due June	_	ent year Intangible Yes 🔲 No	
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent				
W PALM BEACH FL 33407					Street Address (P.O. Box Number is Not Acceptable)				
				83					

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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, Section 607.0505, Florida Statutes.

City

agent. I em familiar with, and accept the obligations of, Soction 607.0505, Florida Statutes.									
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstalling) DATE									
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE	<u> </u>	DELETÉ	1.1 TITLE	☐ Change ☐ Addition					
NAME	PHIPPS, SANDRA A.		1.2 NAME						
STREET ADDRESS	1340 53RD ST		1.3 STREET ADDRESS						
CITY-ST-ZIP	W PALM BEACH FL		1,4 CITY-ST-ZIP						
TITLE	D	DELETE	21 TITLE	Change Addition					
NAME	PHIPPS, WILLIAM		2.2 NAME						
STREET ADDRESS	1340 53RD ST		2.3 STREET ADDRESS	Ì					
CITY-ST-ZIP	W PALM BEACH FL		2 4 CITY-ST-ZIP						
TITLE		☐ DELETE	3.1 TITLE	Change Addition					
NAME			3.2 NAME						
STREET ADDRESS			3.3 STREET ADDRESS						
CITY-ST-ZIP			3.4. CITY-ST-ZIP						
TITLE		DELETE	4.1 71TLE	Change Addition					
NAME	•		4.2 NAME						
STREET ADDRESS			4.3 STREET ADDRESS						
CITY-ST-ZIP			4.4 CITY-ST-ZIP						
TITLE		☐ DELETE	5.1 TITLE	Change Addition					
NAME			5.2 NAME	i					
STREET ADDRESS			5.3 STREET ADDRESS						
CITY-ST-ZIP			5.4 CITY-ST-ZIP						
TITLE		DELETE	6.1 TITLE	☐ Change ☐ Addition					
NAME			6.2 NAME						
STREET ADDRESS			6.3 STREET ADDRESS						
CITY-ST-ZIP			6.4 CITY - ST - ZIP						

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

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Jandard Phina

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Zip Code