

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 FEB 20 PM 3:36

DOCUMENT # 317607 (0)

1. Corporation Name  
HYPOLUXO HARBOR, INC.

Principal Place of Business Mailing Address  
7892 SO U S #1 7892 SO U S #1  
HYPOLUXO FL 33462-6038 HYPOLUXO FL 33462-6038

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 06/08/1967 3a. Date of Last Report 01/24/1994  
4. FEI Number 59-1169188 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. 199.032, Florida Statutes  Yes  No

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

9. Name and Address of Current Registered Agent  
COOKE, JEANETTE A  
50 RELAXED CIR  
HYPOLUXO FL 33462  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOKE, JEANETTE A.	1.2 NAME	
STREET ADDRESS	50 RELAXED CIRCLE	1.3 STREET ADDRESS	
CITY-ST- ZIP	HYPOLUXO FL	1.4 CITY-ST- ZIP	
TITLE	D	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGIVERON, KATHLEEN	2.2 NAME	McGiveron, Kathleen
STREET ADDRESS	175 60 BROADWAY-	2.3 STREET ADDRESS	2121 Collier Avenue
CITY-ST- ZIP	LANTANA-FL	2.4 CITY-ST- ZIP	Lake Worth, Fl. 33461
TITLE	DS	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GELLERMANN, ANNETTE	3.2 NAME	Gellermann Annette
STREET ADDRESS	1438 W-MANGO-	3.3 STREET ADDRESS	1916 Yellow Brick Road
CITY-ST- ZIP	LANTANA-FL -	3.4 CITY-ST- ZIP	Lantana, Fl. 33462
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST- ZIP		4.4 CITY-ST- ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST- ZIP		5.4 CITY-ST- ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Jeanette A. Cooke Pres 15 Feb 95 #07-582 JAC  
JEANETTE A. COOKE - PRESIDENT Date: \_\_\_\_\_