## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 03 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

703687

(4)

HAMPTON HOUSE, INC.

Suite, Apt. #, etc    Suite, Apt. #, etc   Suite, A			,							
UGHTHOUSE PNT FL 30064  UGHTHOUSE PNT FL 30064-7578  3. Date Incorporated of Qualified 3a. Date of Last Report 03/26/1996  2. Principal Place of Business 2 2a. Mailing Address 4. FEI Number 59-2446610 Not Applied Fo	Principal Place of Business Mailing Address						) (80))) 100)t billib linib ongt io))	i (80) 818() \$1)	#11 #1011 <b>018</b> 11 01	
2. Principal Place of Business 2. Mailling Address 5. Silve, Apt. 4, etc. 2. Sulte, Apt. 4, etc. 3. Sulte, Apt. 4, etc. 5. Certificate of Status Desired 700 \$8.75 Additions 59-2448610 \$0. Not Applied For City & State 2. Sulte, Apt. 4, etc. 5. Certificate of Status Desired 700 \$8.75 Additions for Required 700 \$1. Sulte, Apt. 4, etc. 7. City & State 2. Sulte, Apt. 4, etc. 7. Country 2. Sulte, Apt. 4, etc. 7. Sul										
Suite, Apt. #, etc.  Suite, Ap						3. Dat				
Suite, Apt. #, etc.    Suite, Apt. #, etc.	Principal Place of Business     2a. Mailing Address					4. FEI			Ar	plied For
City & State  Ci							59-2446610		No	ot Applicable
City & State  Country  City & State  Country  City & State  Country				t, etc.			rtificate of Status Desired	120/0		
23   28   Trust Fund Contribution										
Zip		.0	····	City & State				160		
22   25   29   30   Florida Statutes   Pres   No    9. Name and Address of Current Registered Agent   10. Name and Address of New Registered Agent    WALKER, MASON   2311 NE 36TH ST   LIGHTHOUSE POINT FL 33064   82   Street Address (P.O. Box Number is Not Acceptable)    11. Pursuant to the provisions of Sections 617,0502 and 617,1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its register 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 register agent. I am familiar with, and accept the obligations of, Section 617,0503, Florida Statutes.  SIGNATURE   Signature, byped or printed agent and the if applicable   (NOTE Registered Agent Agent Alginature required when infiniteling)   DATE    12. OFFICERS AND DIRECTORS   13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. ITILE   DVT   DELETE   1.1 TILE   DVT   DATE   Change   Add.   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.   ADDITIONS/CHANGES TO OFFICER		Country		Count	ry			r intendible		
WALKER, MASON 2311 NE 36TH ST LIGHTHOUSE POINT FL 33064  82 Street Address (P.O. Box Number is Not Acceptable)  83 Exp Code  11. Pursuant to the provisions of Sections 617,0502 and 617,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its register agent. I am familiar with, and accept the objection of 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 register agent. I am familiar with, and accept the objection of 17,6503, Florida Statutes.  SIGNATURE  Signature, byend or printed rame of registered agent and title if applicable  NOTE Registered Agent dynastic required when infiniteting)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  NOTE Registered Agent dynastic required when infiniteting)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  NAME  WALKER, MASON  12 NAME  13 SIREET ADDRESS  23 11 NE 36TH ST \$2-A  13 SIREET ADDRESS  23 11 NE 36TH ST \$2-A  14 City -ST -ZP  DELETE  1.1 TITLE  DP  Change Address (P.O. Box Number is Not Acceptable)  82 Zip Code  14. City  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Address (P.O. Box Number is Not Acceptable)  84 City  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  16. Change Address (P.O. Box Number is Not Acceptable)  17. Code  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  19. Change Address (P.O. Box Number is Not Acceptable)  19. Change Address (P.O. Box Number is Not Acceptable)  11. TITLE  DP  Change Address (P.O. Box Number is Not Acceptable)  11. TITLE  DP  Change Address (P.O. Box Number is Not Acceptable)  12. Code  14. City  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  16. City -ST -ZP  DELETE  11. TITLE  DP  Change Address (P.O. Box Number is Not Acceptable)  12. Code  13. City -ST -ZP  DELETE  13. TITLE  DP  Change Address (		<del>-</del>	<b>├</b> ¬ '	<b></b>	•					. 199,002,
WALKER, MASON 2311 NE 36TH ST LIGHTHOUSE POINT FL 33064  82 Street Address (P.O. Box Number is Not Acceptable)  83 Street Address (P.O. Box Number is Not Acceptable)  84 City  FL 85 Zip Code  11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its register 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 register agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE  Signatura, lyped or printed name of registered agend and title if appointment as registered agent algorithms agend and title if appointment as registered agend agend and with if appointment as registered agend agend and with if appointment as registered agend agend and interest agend agend and with its appointment as registered agend agend and interest agend agend agend and interest agend agen				1				egistered	Agent	
2311 NE 36TH ST LIGHTHOUSE POINT FL 33064  84 City  FL 85 Zip Code  11. Pursuant to the provisions of Sections 617,0502 and 617,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its register 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 register agent. I am familiar with, and accept the obligations of, Section 617,0503, Florida Statutes.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinslating)  DATE  12. OFFICERS AND DIRECTORS II. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  NAME  WALKER, MASON  12 NAME  SIREET ADDRESS  CITY-ST-ZIP  UGHT HOUSE PT, FL 00000  14 CITY-ST-ZIP  UGHT HOUSE PT, FL 00000  14 CITY-ST-ZIP  Change Adv  ANDERSON, EDGAR T  2311 NE 36 ST \$1 C  23 STREET ADDRESS  CITY-ST-ZIP  UGHT HOUSE POINT-FL  11 TITLE  ANDERSON, EDGAR T  2311 NE 36 ST \$1 C  24 CITY-ST-ZIP  UGHT HOUSE POINT-FL  15 TITLE  35 T				8	1 Name					
2311 NE 36TH ST LIGHTHOUSE POINT FL 33064  83  84 City  FL 85 Zip Code  11. Pursuant to the provisions of Sections 617,0502 and 617,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its register 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 register agent. I am familiar with, and accept the obligations of, Section 617,0503, Florida Statutes.  SIGNATURE  Signature. byped or printed name of registered agent and life if applicable (NOTE Registered Agent signature required when reinslating)  DATE  OFFICERS AND DIRECTORS IN 12  12. OFFICERS AND DIRECTORS IN 12  ITILE  DVT  WALKER, MASON  12 NAME  SIREET ADDRESS  CITY-ST-ZIP  LIGHTHOUSE PT, FL 00000  14 CITY-ST-ZIP  LIGHTHOUSE PT, FL 00000  14 CITY-ST-ZIP  LIGHTHOUSE PT, FL 00000  15 Change Adv  ANDERSON, EDGAR T  23 TITLE  DF  Change Adv  Change LIGHTHOUSE POINT-FL  TITLE  DF  Change Adv  Change LIGHTHOUSE POINT-FL  Change Adv  Change Adv  Change LIGHTHOUSE POINT-FL  Change LIGHTHOUSE POINT-	WALKER	r, mason		lä	2 Street	Address (P.O.	Box Number is Not Accept	able)		
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its register 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 register agent, and the appointment as register agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE  Signature. Lyped or printed name of registered agent and title if applicable  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  ITILE  DVT  WALKER, MASON  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  ITILE  DVT  WALKER, MASON  13. STREET ADDRESS  2311 NE 36TH ST \$2.A  1.3 STREET ADDRESS  CITY-SI-ZIP  LIGHTHOUSE PT, FL 00000  14.CITY-SI-ZIP  LIGHT HOUSE POINT-FL  17. LIGHT HOUSE POINT-F	2311 NE	E 36TH ST								
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its register 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 register agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE    Signature, typed or printed name of registered agent and title if applicable   INOTE: Registered Agent algorithms reinstation;   DATE	LIGHTHO	OUSE POINT FL 33064		[8	3					
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its register 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 register agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE    Signature, typed or printed name of registered agent and the if applicable   INOTE Registered Agent algorithms regulted when reinstating)   DATE				8	4 City				<b>85</b> Zip	Code
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 at amiliar with, and accept the obligations of, Section 617,0603, Florida Statutes.  SIGNATURE    Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinslating)   DATE					<u> </u>				<u> </u>	
agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE  Signature. typod or printed name of registered agent and title if applicable (NOTE: Registered Agent algorative required when reinteting) DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  DVT  WALKER, MASON  1.2 NAME  STREET ADDRESS  CITY-ST-ZIP  LIGHTHOUSE PT, FL 00000  1.4 CITY-ST-ZIP  LIGHTHOUSE PT, FL 00000  1.4 CITY-ST-ZIP  LIGHT HOUSE POINT-FL  1.3 STREET ADDRESS  23 11 NE 36 ST #2-8  LIGHT HOUSE POINT-FL  DELETE  3.1 TITLE  DATE  DELETE  3.2 MAME  3.2 MAME  3.2 MAME  STREET ADDRESS  CITY-ST-ZIP  LIGHT HOUSE POINT-FL  DELETE  3.3 STREET ADDRESS  CITY-ST-ZIP  LIGHT HOUSE POINT-FL  DELETE  3.3 STREET ADDRESS  CITY-ST-ZIP  LIGHT HOUSE POINT-FL  DELETE  3.4 CITY-ST-ZIP  LIGHT HOUSE POINT FL  TITLE  DATE  Change  Change  Change  DELETE  4.1 TITLE  DATE  Change	11. Pursuant office or r	to the provisions of Sections 617.0502 registered agent, or both, in the State r	i and 617.1508, Florida Statu of Florida. Such change was	utes, the abo authorized	ive-named by the corr	corporation su poration's boar	ibmits this statement for the d of directors. I hereby acc	purpose o ept the apr	it changing it pointment as	is registered registered
Signature, typed or printed name of registered agent and title if applicable  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  DVT  NAME  WALKER, MASON  STREET ADDRESS  CITY-ST-ZIP  LIGHTHOUSE PT, FL 00000  Change  DELETE  1.1 TITLE  DP.  ANDERSON, EDGAR T  STREET ADDRESS  CITY-ST-ZIP  LIGHT HOUSE POINT-FL  TITLE  DELETE  3.1 TITLE  DELETE  3.1 TITLE  DP.  ANDERSON, EDGAR T  2.2 NAME  STREET ADDRESS  CITY-ST-ZIP  LIGHT HOUSE POINT-FL  TITLE  NAME  FORRESTER, ANNE M  STREET ADDRESS  CITY-ST-ZIP  LIGHTHOUSE POINT-FL  DELETE  3.1 TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  LIGHTHOUSE POINT-FL  DELETE  3.3 STREET ADDRESS  3.4 CITY-ST-ZIP  LIGHTHOUSE POINT-FL  TITLE  DELETE  3.4 CITY-ST-ZIP  LIGHTHOUSE POINT FL  TITLE  Change	agent. I a	am tamiliar with, and accept the obliga	tions of, Section 617.0603, F	Florida Statul	es.		·			•
12. OFFICERS AND DIRECTORS  TITLE DVT DELETE 1.1 TITLE  NAME WALKER, MASON STREET ADDRESS 2311 NE 36TH ST #2-A LIGHTHOUSE PT, FL 00000  TITLE DP DELETE 1.3 STREET ADDRESS CITY-ST-ZIP LIGHT HOUSE POINT-FL TITLE DP DELETE 2.1 TITLE DP DELETE 2.3 STREET ADDRESS CITY-ST-ZIP LIGHT HOUSE POINT-FL TITLE DS DELETE 3.1 TITLE 3.3 OG 4  TITLE DS DELETE 3.3 STREET ADDRESS CITY-ST-ZIP LIGHT HOUSE POINT-FL TITLE DS DS DELETE 3.3 STREET ADDRESS CITY-ST-ZIP LIGHT HOUSE POINT-FL TITLE DS DS DELETE 3.3 STREET ADDRESS CITY-ST-ZIP LIGHT HOUSE POINT-FL TITLE DS DS DELETE 3.3 STREET ADDRESS CITY-ST-ZIP LIGHT HOUSE POINT-FL TITLE DS STR	SIGNATURE	Planature hand a printed name of sprintered name	t and tito if popularities (NC	TC: Posistered	and signature	s samuland when salve	leton)	DATE		
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LIJA KOGILG L.			A			2	D			-
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NAME SHERWOOD, ROBERT 5.2 NAME	NAME	SHERWOOD, ROBERT		5.2 NAM	Ε					
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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	informatio	on indicated on this appual report or or	unnlamantal angual canori ie	true and ac	curáta anc	d that my clane	ture shall have the same to	a traffa len	e if made un	dor ooth: that
I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 371 chapter 6, or on an attachment with an address.	l am an o appears	officer or director of the corporation or in Block 12 or Block 13 if changed, or	the receiver or trustee empo on an attachment with an ar	owered to ex ddress.	ecute this	report as requir	red by Chapter 617, Florida	. Statutes; &	and that my i	name