

FILE NOW: FILING FEE IS \$61.25

FILED

Jul 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra E. Worthington Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **703687** (4)
1. Corporation Name
HAMPTON HOUSE, INC.



Principal Place of Business 2311 N E 36TH ST LIGHTHOUSE PNT FL 33064	Mailing Address 2311 N E 36TH ST LIGHTHOUSE PNT FL 33064
--	--

2. Principal Place of Business 21 2311 NE 36th ST Suite, Apt. #, etc. 22 # 2G City & State 23 LIGHTHOUSE PT, FLA Zip 24 33064 Country 25 BROWARD	2a. Mailing Address 26 2311 NE 36th ST Suite, Apt. #, etc. 27 # 2G City & State 28 LIGHTHOUSE PT, FLA Zip 29 33064 Country 30 BROWARD
---	--

3. Date Incorporated or Qualified 03/08/1962
4. FEI Number 59-2446610
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. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent WALKER, MASON 2311 NE 36TH ST LIGHTHOUSE POINT FL 33064	
---	--

10. Name and Address of New Registered Agent 81 Name PETER A. BOCHONOK 82 Street Address (P.O. Box Number is Not Acceptable) 2311 NE 36th ST #2G 83 84 City LIGHTHOUSE POINT FL 85 Zip Code 33064	
--	--

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 registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors, and hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE **PETER A. BOCHONOK** *Peter A. Bochonok* DP 7/18/98
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	DVT <input checked="" type="checkbox"/> DELETE
NAME	WALKER, MASON
STREET ADDRESS	2311 NE 36TH ST #2-A
CITY-ST-ZIP	LIGHTHOUSE PT, FL 00000
TITLE	DP <input checked="" type="checkbox"/> DELETE
NAME	BENDER,
STREET ADDRESS	2311 NE 36TH ST #2D
CITY-ST-ZIP	LIGHT HOUSE POINT FL
TITLE	DS <input checked="" type="checkbox"/> DELETE
NAME	FORRESTER, ANNE M
STREET ADDRESS	2311 NE 36 ST #2-E
CITY-ST-ZIP	LIGHTHOUSE POINT FL
TITLE	DT <input type="checkbox"/> DELETE
NAME	ROGUE, IDA
STREET ADDRESS	2311 NE 36TH ST #1F
CITY-ST-ZIP	LIGHTHOUSE PT FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	SHERWOOD, ROBERT
STREET ADDRESS	2311 NE 36TH ST. #1-E
CITY-ST-ZIP	LIGHTHOUSE PT FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	DVT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PETER BOCHONOK
1.3 STREET ADDRESS	2311 NE 36th ST #2G
1.4 CITY-ST-ZIP	LIGHTHOUSE PT FL 33064
2.1 TITLE	D.V.P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ED ANDERSON
2.3 STREET ADDRESS	2311 NE 36th ST #1C
2.4 CITY-ST-ZIP	LIGHTHOUSE PT FL
3.1 TITLE	DS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	RENA MORAYTO
3.3 STREET ADDRESS	2311 NE 36th ST #2C
3.4 CITY-ST-ZIP	LIGHTHOUSE PT FL
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	SAME
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	THELMA COTTRELL
5.3 STREET ADDRESS	2311 NE 36th ST #1D
5.4 CITY-ST-ZIP	LIGHTHOUSE PT FL 33064
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Peter A. Bochonok* **PETER A. BOCHONOK** 6/30/98 954 783 8673

CR2E037 (10/97)