FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Jul 21 1997 8:00am

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Secretary of State

611 203,935h

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9300001243 (5)

HPI PARTNERS II, INC.

Principal Place of Business Mailing Address						{			AND III IRI
290 KING OF BLDG 2. STE RADNOR PA	PRUSSIA RD 122	280 KING OF PRUSSIA RD BLDG 2. SUITE 122 RADNOR PA 19087-5111							
US		US	US			3. Date Incorporated or Qualified 03/03/1993		ate of Last /12/199 €	
· ·	Place of Business	2a. Mailing Address				4. FEI Number			Applied For
21 Suite, Apt.	# oto	. 26 Cuito Ant # etc				23-2676819			Not Applicable
22 aune, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional Required
City & Stat	e	City & State				& Floring Compains Financia			
23		28				6. Election Campaign Financing Trust Fund Contribution			0 May Be d to Fees
Zip	Country	Zip	Cou	ntry		8. This corporation has liability for it			
24	25	29	30				Yes [u. 100100E,
	9, Name and Address of Current				,	10. Name and Address of New Reg	gistered	Agent	
	C CORPROATE SERVICES OF C			B1	Name				
	NORTH ORANGE AVENUE, SUIT	1100		82	Street Addre	ress (P.O. Box Number is Not Acceptable)			
OR	LANDO FL 32801		1			` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `	· · · · · ·		
	•		ĺ	83					
			<u> </u>	84	City			85 Zip	o Code
dd Daniel	1. 1	1007 1500 51 11 61			L		FL		
office or r	to the provisions of Sections 507.0502 registered agent, or both, in the State of	and 607.1508, Florida Stati of Florida. Such change was	utes, the ab authorized	ove i by	enamed corporation the corporation (oration submits this statement for the poon's board of directors. I hereby accep	urpose of it the app	changing ointment a	its registered is reaistered
agent. I a	im familiar with, and accept the obligat	ions of, Section 607.0505, F	Florida Stati	utes). `	, .			
SIGNATURE	Signature, typed or printed name of registered agent	and the Henrical In (Ni	TC: Pagetored	Acro	ork signature require	d whoe rejectation)	DATE		
12.	OFFICERS AND		13.	Ago	i, signature require	ADDITIONS/CHANGES TO OFFIC		DIRECTO)RS IN 12
TITLE	ST	DELETE	1.1 107	ιĒ				Change	
NAME	GINSBERG, IRA J		1.2 NA	ME					_
STREET ADDRESS	1625 MT. PLEASANT ROAD		13 811	ACET	ADDRESS				
CITY-ST-ZIP	VILLANOVA PA 19085		1.4 CiT	Y-S	.T- Z iP				
TITLE	CD	☐ DELETE	2.1 111	LE				Change	Addition
NAME	HARLEY, EDWIN H		2.2 NA	ME					
STREET ADDRESS	1625 MT. PLEASANT ROAD		2.3 \$16	REET	ADDRESS				
CITY-ST-ZIP	VILLANOVA PA 19085		2 4 CI	TY - S	ST-ZIP				
TITLE		DETELE	3.1 1 1	LΕ				Change	Addilion
NAME			3.2 NA	ME					
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP		I blitte	3.4. CI		1-ZIP			T 05	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
TITLE		☐ DELETE	4.1 111					Change	Addition
NAME STREET ADDRESS			4. 2 NA		*ODDECE				
STREET ADDRESS CITY+ST-ZIP					ADDRESS				
TITLE		DELETE	4.4 CH 5.1 TH	_	1 - ZIP			Change	Addition
NAME		□ octen	5.2 NA					or rouge	Addition
STREET ADDRESS			1		ADDRESS				
CITY-ST-ZIP			5.4 CIT						
THILE		DELETE	6.1 TITI					Change	Addition
NAME			6.2 NA						
STREET ADDRESS	i .				ADDRESS				
CITY-ST-ZIP			6.4 CIT						
14. I do hereb	by certify that the information supplied	with this filing does not qua	lify for the c	OXO	nption stated	in Section 119.07(3)(i), Florida Statutes	. I further	certify tha	it the
informatio I am an ol	n indicated on his annual report or su flicer or director of the corporation of t	pplemental annual roport is re receiver de trustee empo	true and a	cou	rate and that r ute this report	in Section 119.07(3)(i), Florida Statutes ny signature shall have the same legal as required by Chapter 607, Florida St	effect as atutes; ar	if made ur	nder oath; th name