

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

**FILED**  
**Apr 09 1996 8:00 am**  
**Secretary of State**

**DOCUMENT # F95000001070 (0)**

1. Corporation Name  
**HPC AMERICA, INC.**



Principal Place of Business: **ONE HOOK RD. SHARON HILL PA 19079**  
Mailing Address: **ONE HOOK RD. SHARON HILL PA 19079**

2. Principal Place of Business: 21, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30

3. Date Incorporated or Qualified: **03/07/1995**  
3a. Date of Last Report: **N/A**  
4. FEI Number: **51-0350434**  
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 Florida tax under s. 193.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**STEPANUK, KEVIN  
6304 BENJAMIN RD.  
SUITES 509-510, THOMPSON CENTER  
TAMPA FL 33634**

10. Name and Address of New Registered Agent  
81 Name: **Karon Carpenter**  
82 Street Address (P.O. Box Number is Not Acceptable): **3901 S.W. 47th Ave. Suite 405**  
83 City: **Ft. Lauderdale** 85 Zip Code: **FL 33314**

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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *[Signature]* DATE: **3/28/96**

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>MIRRA, RAYMOND A JR</b>	
STREET ADDRESS	<b>6 HOOK RD.</b>	
CITY-ST-ZIP	<b>SHARON HILL PA 19079</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>STEPANUK, KEVIN</b>	
STREET ADDRESS	<b>14 BIRCHALL DR.</b>	
CITY-ST-ZIP	<b>HADDENFIELD NJ 08033</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>MOHNACS, JOHN</b>	
STREET ADDRESS	<b>ONE HOOK RD.</b>	
CITY-ST-ZIP	<b>SHARON HILL PA 19079</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>MIRRA, ANNA</b>	
STREET ADDRESS	<b>4956 FITLER ST.</b>	
CITY-ST-ZIP	<b>PHILADELPHIA PA 19114</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>DP</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>2932 N. Atlantic Blvd.</b>	
STREET ADDRESS	<b>Fort Lauderdale, FL 33308</b>	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Victor Battaglia</b>	
STREET ADDRESS	<b>One Hook Road</b>	
CITY-ST-ZIP	<b>Sharon Hill, PA 19079</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 resident 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 in this report as an agent with an address.

SIGNATURE: *[Signature]* John P. Mohnacs 3/27/96 610-586-8614  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)