

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 06 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F95000003980 (8)**

1. Corporation Name

**THE NATIONAL HBPA, INC.**



Principal Place of Business	Mailing Address
20801 BISCAYNE BLVD #442 AVENTURA FL 33180 US	20801 BISCAYNE BLVD #442 AVENTURA FL 33180-1430 US

3. Date Incorporated or Qualified <b>08/16/1995</b>	3a. Date of Last Report <b>06/25/1996</b>
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number <b>52-1789171</b>	Applied For Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
23 Zip Country	28 Zip Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24	25	29	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SAVIN, SCOTT**  
**3757 NE 208 TERRACE**  
**AVENTURA FL 33180**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
<b>FL</b> 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 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HAGAN, ED</b>	1.2 NAME	
STREET ADDRESS	<b>20133 NE BROADWAY CT</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TROUTDALE OR 97060</b>	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STIRLING, KENT</b>	2.2 NAME	
STREET ADDRESS	<b>8301 NW 19TH ST</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PEMBROKE PINES FL 33024</b>	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HILES, RICK</b>	3.2 NAME	
STREET ADDRESS	<b>4211 SOUTHERN PKWY</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LOUISVILLE KY 40214</b>	3.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WALMSLEY, BILL</b>	4.2 NAME	
STREET ADDRESS	<b>398 BARNETT DRIVE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BATESVILLE AK</b>	4.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SAVIN, SCOTT</b>	5.2 NAME	
STREET ADDRESS	<b>3757 NE 208 TERRACE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>AVENTURA FL 33180</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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 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 by an attachment with an address.

SIGNATURE:

*Scott Savin*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/97  
Date

(305) 935-4700  
Daytime Phone #

0033434

CR2E037 (9/96)