

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Aug 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **H69428** (1)
1. Corporation Name
HAUPTMAN ENTERPRISES, INC.

Principal Place of Business 1301 CHESTWOOD COVE HEATHROW FL 32746 US	Mailing Address % ANN MEISTER-HAUPTMAN P.O. BOX 640 PALM HARBOR FL 34682-0640 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 4575 S ATLANTIC AVE Suite, Apt. #, etc. 22 6203 City & State 23 PONCE INLET FL Zip 24 32127	2a. Mailing Address 26 4575 S ATLANTIC AVE Suite, Apt. #, etc. 27 6203 City & State 28 PONCE INLET FL Zip 29 32127 Country 30 VOLUSIA	3. Date Incorporated or Qualified 08/01/1985	3a. Date of Last Report 04/24/1996
		4. FEI Number 59-2577608	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		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
		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 HAUPTMAN, ANN 1301 CHESTWOOD COVE HEATHROW FL 32746	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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 accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P
NAME	MEISTER-HAUPTMAN, ANN	1.2 NAME	ANN HAUPTMAN
STREET ADDRESS	1301 CHESTWOOD COVE	1.3 STREET ADDRESS	4575 S. ATLANTIC AVE STE 6203
CITY-ST-ZIP	HEATHROW FL	1.4 CITY-ST-ZIP	PONCE INLET FL 32127
TITLE	VST	2.1 TITLE	VST
NAME	HAUPTMAN, THEODORE R.	2.2 NAME	THEODORE HAUPTMAN
STREET ADDRESS	1301 CHESTWOOD COVE	2.3 STREET ADDRESS	4575 S. ATLANTIC AVE STE 6203
CITY-ST-ZIP	HEATHROW FL	2.4 CITY-ST-ZIP	PONCE INLET FL 32127
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE **TP 11**

CR2E034 (4/97)