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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT** # J84576

(4)

HAMPTON AND BROOKS, INC.

Principal Place of Business % CHRISTOPHER ISSA

Mailing Address

**% CHRISTOPHER ISSA** 

## **FILED** May 06 1997 8:00am Secretary of State



21301 POWERLINE RD. #206 BOCA RATON FL 33433		21301 POWERLINE RD. #206 BOCA RATON FL 33433-2393			
DOOR TIRTOR		OOON INTOIL IE WHOULE	~	3. Date Incorporated or Qualified 3a. Date of Last Report 07/28/1987 06/14/1996	
2, Principal Pl	ace of Business	28. Mailing Address	1.555	4. FEI Number Applied For	
21 4928		26 4928 S.	(S) ENN	€ R\$ 65-0051627 Not Applicat	ble
Suite, Apt. i		Suite, Apt. #, etc.		5. Certificate of Status Desired	
City & State 23 从 (	mi. yFLOXIDH	City & State  28 Wiani;	A	6. Election Campaign Financing Trust Fund Contribution Added to Fees	
24 <b>384</b> 4	6 25 33146 KA	20 33146	Country 30 VSA	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
	g. Name and Address of Current F	Registered Agent		10. Name and Address of New Registered Agent	
l	L, CHRISTOPHER		81 Name	CHERTNHOX ISSA	
l	1 POWERLINE RD.		82 Street	Address (P.O. Box Number is Not Acceptable)	_
	E 206		4	928 S. LETEVAE AD	_
B00	A RATON FL 33146		83 `		
				iumi FL 85 Zip Code 38146	
11. Pursuant to	o the provisions of Sections 607.0502 a egistered agent, or both, in the State of	and 607.1508, Florida Statute: Florida: Such change was au	s, the above-named uthorized by the corp	corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered	ed d
	in la millar with a number of the configure	uns di, section 607.0505, rigi	OPES E	2005 + 2067	
SIGNATURE	Signature, type of printed nume of registered agent a	and title if applicable (NOTE:	Registered Agent signature	/// ****//	
12.	OFFICERS AND D		13,	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPS	☐ DELETE	1.1 TITLE	Change Additi	ion
NAME	ISSA, CHRISTOPHER		1.2 NAME	4928 S. LESTUNE BD	
STREET ADDRESS	21301 POWERLINE RD. #206		1.3 STREET ADDRESS	4478 3. 6436000 17	
CITY-ST-ZIP	BOCA RATON FL		1.4 CITY-ST-ZIP	miam 1203146	
TITLE	7	☐ DELETE	2.1 TITLE	4928 S. COTEVNE Change [] Addition of the state of the st	ion
NAME	ISSA, CHRISTOPHER	•	2.2 NAME	MADE S. CODENNE	
STREET ADORESS	21301 POWERLINE RD. #206		2.3 STREET ADDRESS	1120 3. 4.2	ı
CITY - ST-ZIP	BOCA RATON FL		2. 4 CITY - ST - ZIP	MIGHI FL 33146	-
TITLE		DELETE	3.1 TITLE	Change Additi	ion
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY - ST - ZIP		-
TITLE		☐ DELETE	4.1 TITLE	Change Additi	ion
NAME			4. 2 NAME		
STREET ADORESS			4.3 STREET ADDRESS		
CITY - \$1 - 21P			4.4 CITY - ST - ZIP		
TITLE		DELETE	5.1 TITLE	Change Additi	ion
NAME			5.2 NAME		- 1
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST- ZIP		
TITLE		☐ DÉLETE	6.1 TITLE	☐ Change ☐ Additi	ion
NAME			6.2 NAME	<del>-</del>	
STREET ADDRESS			6.3 STREET ADDRESS		
CITY - ST - ZIP			6.4 CITY - ST - ZIP		
<del></del>	w certify that the information supplied w	ith this filing does not qualify		tested in Section 110 07/3//i). Floride 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 eath; 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 Achapted or one attachment with an address.

SIGNATURE: