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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

(1)

DOCUMENT #

HAMPTON C. PETERSON, P.A.

Principal Place of Business

Mailing Address

1120 SOUTH FEDERAL HIGHWAY FT. LAUDERDALE FL 33316

1120 SOUTH FEDERAL HIGHWAY FT. LAUDERDALE FL 33316



				3. Date Incorporated or Qualified 3a. Date of Last Report 09/28/1988 03/28/1995	
2. Principal Place of Business	2a. Mailing Address			4. FEI Number Applied F	or
21	26			65-0074370 Not Appl	icable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27				5. Certificate of Status Desired Sea.75 Addition Fee Required	
City & State	City & State			6. Election Campaign Financing \$5.00 May E	——— За
23	28			Trust Fund Contribution Added to Feet	
Zip Country	Ziρ			8. This corporation has liability for intangible tax under s 199.032	<u>,</u>
[25]	29	30		Florida Statutes	
9. Name and Address of Curren	t Registered Agent		.T	10. Name and Address of New Registered Agent	
		8	Name		
O'DONNELL, DARLENE		8:	2 Street Ad	Idress (P.O. Box Number is Not Acceptable)	
1120 SOUTH FEDERAL HIGHWAY			1 2	33,000	
SUITE 4		8	3		
FT. LAUDERDALE FL 33316		ļ.,	1		
		8	4 City	FI 85 Zip Code	
or registered agent, or both, in the State of Florio familiar with, and accept the obligations of, Section SIGNATURE Springer, bjector printed name of registered agents.	ia. Such change was authoriz on 607,0505, Florida Statutes	ed by the cor s.	poration's b	coration submits this statement for the purpose of changing its registered coard of directors. I hereby accept the appointment as registered agent. I	am
12. OFFICERS AND		13.	ern agribus bilaq	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
THE DPS	DELETE	1. 1 Intel	Τ	Change Ado	
PETERSON, HAMPTON C.		1.2 NAME			
STREET ADDRESS 1120 SO. FEDERAL HWY.			T ADDRESS		
City-S1-ZiP FT. LAUDERDALE FL		1	1		
TILLE T	[] DELETE	1.4 CITY - 2 1 TITLE		☐ Change ☐ Ado	dition
NAME PETERSON, HAMPTON C.		2 2 NAME	1	Colonge Disco	yuu
STREET ADDRESS 1120 SO. FEDERAL HWY.			1		
PT LAUDEDDALE DI			T ADORESS		
GHY-SI ZIP FI. LAUDEHDALE FL. THILE	DELETE	2 4 C(TY - 3 1 TITLE		Change Ado	dition
NAME	Clotter	3.2 NAME		Collaringe C Aut	HUUH
STREET ADDRESS					
			ET ADDRESS		
CITY - ST - ZIP	DELETE	3.4 CITY-		Change Ado	dition
NAME	El perese	.		Clouds Clauds	лочн
		4.2 NAME			
STHEFT ADDRESS		1	TADDRESS		
CuA-81-40	DELETE	4.4 CITY -		D 05	dition
	[] DELETE	5 1 TITLE		Change Add	muon
NAM(5.2 NAME			
SFREET ADDRESS			T ADDRESS		
CHY ST-Z-P	Dr. Fre	5.4 CITY	+		
TILF	DELETE	6 1 TITLE		Change Add	htion
NAM:		6.2 NAME			
STREET ADDRESS		6.3 STREE	T ADDRESS		
C1Y - S1 - Z1F		64 CHY-	ST-ZIP		
 I do hereby certify that the information supplied we certify that the information indicated of this annu- oath; that I am an officer or director of the knowledge. 	الله الله الله الله الله الله الله الله	ished and do ual report is to e ennowered	es not qualif rue and accu I to execute	y for the exemption stated in Section 119.07(3)(k), Florida Statutes. I furth irate and that my signature shall have the same legal effect as if made un this report as required by Chapter 607, Florida Statutes; and that my nar	ner nder

SIGNATURE NAME OF SIGNING OFFICER OR DIRECTOR