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

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT # K75189

(6)

H P C ENTERPRISES, INC.

Principal Place of Business Mailing Address C/O HOWARD P. CROWDER 9899 N.W. 76TH COURT C/O HOWARD P. CROWDER 9899 N.W. 76TH COURT TAMARAC FL 33321 TAMARAC FL 33321-1965 3. Date Incorporated or Qualified 3a. Date of Last Report 03/24/1989 08/08/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 65-0109223 26 Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 27

Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 28 Zip Country 8. This corporation has liability for intangible tax under s. 199.032, 24 25 29 30 9. Name and Address of Current Registered Agent CROWDER, HOWARD P.

9899 N.W. 76TH COURT TAMARAC FL 33321

	Fiorida Statutes	☐ 169 ☐ ₩ 140	
	10. Name and Address of N	ew Registered Agent	
81	Name		
82	Street Address (P.O. Box Number is Not Ac	ceptable)	
83	3		
84	City	FL 85	Zip Code

FILED

May 05 1997 8:00am

Secretary of State

Applied For

Not Applicable

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 a	im tamiliar with, and accept the obligations of, Secti	on 607.0505, Florid	da Statutes.				
SIGNATURE	Signature, typed or printed name of registered agent and title if applica	a arcini	tegistered Agent signature requir	reg when reinstating)	DATE		
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGI		GES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	DELFTE	1.1 10TLE	AND SECTION OF THE PROPERTY OF	☐ Change	S IN 12 Addition	
NAME	CROWDER, HOWARD P.		1,2 NAME			I	
STREET ADDRESS	9899 NW 76TH COURT		1.3 STREET ADDRESS				
CITY-ST-ZIP	TAMARAC FL		1.4 CITY - ST - ZIP			Addition	
TITLE	18	DELETE	2.1 THLE		☐ Change	Addition	
NAME	CROWDER, PAMELA J		2.2 NAME				
STREET ADDRESS	9899 NW 76TH CT		2.3 STREET ADDRESS				
CITY-ST-ZIP	TAMARAC FL		2. 4 CITY - S1 - ZIP				
TITLE		DELETE	3.1 TITLE		Change	Addition	
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZIP			3.4. C/1Y - S1 - Z/P				
TITLE		DELETE	4.1 THE		☐ Change	Addition	
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CHY-ST-ZIP				
TITLE		DELETE	5.1 TITLE		☐ Change	Addition	
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS			ĺ	
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		DELETE	6.1 TITLE		☐ Change	Addition	
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				

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 changed, or on an attachment with an address.

64 CITY-ST-ZIP

CITY-ST-ZIP

4/20/99