

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

**FILED**

**May 02 1997 8:00am  
Secretary of State**

PROFIT 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 # L15456 (1)**

1. Corporation Name  
**CORPORATE CHAMPS, INC.**



Principal Place of Business <b>535 CENTRAL AVENUE, SUITE 316 ST. PETERSBURG FL 33701</b>	Mailing Address <b>P.O. BOX 8785 ST. PETERSBURG FL 33738-8785 US</b>
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2. Principal Place of Business 21 <b>17726 Long Point Drive</b> Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.	22 City & State <b>Redington Shores FL</b>	28 City & State	24 Zip <b>33708</b>	25 Country <b>U.S.</b>	29 Zip	30 Country
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3. Date Incorporated or Qualified <b>09/11/1989</b>	3a. Date of Last Report <b>04/30/1996</b>
4. FEI Number <b>59-2993806</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**HIEPE, RANDALL C.  
535 CENTRAL AVENUE  
SUITE 316  
ST. PETERSBURG FL 33701**

10. Name and Address of New Registered Agent

81 Name **HIEPE, RANDALL C.**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**17726 Long Point Drive**  
 83  
 84 City **Redington Shores FL** 85 Zip Code **33708**

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 *Randall C. Hiepe* **Randall C. Hiepe** **4/28/97**  
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DP HIEPE, RANDALL C. 535 CENTRAL AVENUE, STE. ST. PETERSBURG FL</b>	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DV HIEPE, SHARON V. 535 CENTRAL AVENUE, STE. ST. PETERSBURG FL</b>	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<b>DP HIEPE, RANDALL C. 17726 Long Point Drive Redington Shores, FL 33708</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<b>DV HIEPE, SHARON V. 17726 Long Point Drive Redington Shores, FL 33708</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Sharon V. Hiepe* **Sharon V. Hiepe** **4/28/97** **813-319-6661**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)