

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L56948 (7)

1. Corporation Name

HPD CORPORATION

Principal Place of Business

Mailing Address

C/O NORTHERN TRUST BANK OF FL
11780 US HIGHWAY ONE, STE 300
NORTH PALM BEACH FL 33408
US

C/O NORTHERN TRUST BANK OF FL
11780 US HIGHWAY ONE, STE 300
NORTH PALM BEACH FL 33408
US



3. Date Incorporated or Qualified
03/05/1990

3a. Date of Last Report
03/02/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc

26 c/o Northern Trust Bank of FL 65-0185868

22 City & State

27 Suite, Apt #, etc
301 Yamato Road

23 Zip

Country

28 Boca Raton, FL

29 Zip

Country

24

25

29

30

4. FEI Number

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FHS CORPORATE SERVICES
11780 US HIGHWAY ONE
STE 300
NORTH PALM BEACH FL 33408

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature of natural person acting as registered agent or director

NOTE: Registered Agent Signature required when re-registering

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME DAVIS, RICHARD P
STREET ADDRESS 2250 SOUTHWINDS BLD #325
CITY-ST-ZIP VERO BEACH FL

DELETE

TITLE D
NAME DAVIS, HARRIET P
STREET ADDRESS 2250 SOUTHWINDS BLD #325
CITY-ST-ZIP VERO BEACH FL

DELETE

TITLE PT
NAME DAVIS, HARRIET P.
STREET ADDRESS 2250 SOUTHWINDS BLVD. #325
CITY-ST-ZIP VERO BCH FL

DELETE

TITLE VPS
NAME DAVIS, RICHARD P.
STREET ADDRESS 2250 SOUTHWINDS BLVD. #325
CITY-ST-ZIP VERO BCH FL

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Harriet P. Davis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Harriet P. Davis, President

June 24, 1996

315-6558514

CR2E034 (3/96)