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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # L56948

1. Corporation Name

HPD CORPORATION

Principal Place of Business	Mailing Address
~~c/o Northern Trust Bank of Florida~~	~~c/o Northern Trust Bank of Florida~~
~~11780 U.S. Highway One, #100~~	~~301 Yamato Road~~
~~North Palm Beach, FL 33408~~	~~Boca Raton, FL 33431~~ ~~US~~

3. Date Incorporated or Qualified: 03-05-90
3a. Date of Last Report: 07-05-96

2. Principal Place of Business
21 Northern Trust Bank of FL
22 Suite, Apt. #, etc.: 301 Yamato Road
23 City & State: Boca Raton, FL
24 Zip: 33431
25 Country: US

2a. Mailing Address
26 FHS Corporate Services, Inc.
27 Suite, Apt. #, etc.: Suite 300 11780 US Highway One
28 City & State: North Palm Beach, FL
29 Zip: 33408
30 Country: US

4. FEI Number: 65-0185868 ☐ 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

FHS CORPORATE SERVICES, INC.
11780 U.S. Highway One
Suite 300
North Palm Beach, Florida 33408

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Davis, Richard P. ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☒ Change ☐ Addition 4600 Middleton Park, Circle E Cypress Village, Apt. A-520 Jacksonville, FL 32204
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Davis, Harriet P. ☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☒ Change ☐ Addition 4600 Middleton Park, Circle E Cypress Village, Apt. A-520 Jacksonville, FL 32204
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PT Davis, Harriet P. ☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☒ Change ☐ Addition 4600 Middleton Park, Circle E Cypress Village, Apt. A-520 Jacksonville, FL 32204
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPS Davis, Richard P. ☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☒ Change ☐ Addition 4600 Middleton Park, Circle E Cypress Village, Apt. A-520 Jacksonville, FL 32204
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition 900002242239 -07/21/97--01005--007 ***550.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition PS 7-17

CR2E034 (9/96)

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: Harriet P. Davis, President 7/16/1997
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Harriet P. Davis, President