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APPROVED AND FILED

95 APR 20 PM 12: 07

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # N45721 (0)
1. Corporation Name
NATIONAL HOT PEPPER ASSOCIATION, INC.

Principal Place of Business: **400 N.W. 20TH STREET WILTON MANORS FL 33311**
Mailing Address: **400 N.W. 20TH STREET WILTON MANORS FL 33311**

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/22/1991**
3a. Date of Last Report: **04/21/1994**

4. FEI Number: **65-0296948**
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**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status: **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**RUMIN, EDWARD R.
2500 N. FEDERAL HIGHWAY
SUITE 201
FORT LAUDERDALE FL 33305**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code **FL**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	PAYTON, ELIZABETH D.
STREET ADDRESS	400 N.W. 20TH STREET
CITY - ST - ZIP	WILTON MANORS FL
TITLE	D
NAME	PAYTON, ROBERT J.
STREET ADDRESS	400 N.W. 20TH STREET
CITY - ST - ZIP	WILTON MANORS FL
TITLE	D
NAME	MILLINOR, PEGGY
STREET ADDRESS	1777 BENNINGFIELD DR SW
CITY - ST - ZIP	MARIETTA GA
TITLE	D
NAME	TAYLOR, STANLEY
STREET ADDRESS	3633 S.W. 18TH CT.
CITY - ST - ZIP	FT. LAUDERDALE FL
TITLE	D
NAME	WRIGHT, ROBERT C.
STREET ADDRESS	3181 NE 3RD AVE
CITY - ST - ZIP	OAKLAND PARK FL
TITLE	D
NAME	HOPLEY, PAULINE
STREET ADDRESS	86 FALBY CT APT 711
CITY - ST - ZIP	AJAX CA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 110.07(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: Elizabeth D. Payton **4/14/94** - **305-565-4972**
SIGNATURE AND TYPED OR PRINTED NAME OF MONITORING OFFICER OR DIRECTOR Date Daytime Phone #
ELIZABETH D. PAYTON