

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 31 1997 8:00am  
Secretary of State

NONPROFIT 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 # **N45721** (0)

1. Corporation Name

**NATIONAL HOT PEPPER ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**400 N.W. 20TH STREET  
WILTON MANORS FL 33311****400 N.W. 20TH STREET  
WILTON MANORS FL 33311-3818**3. Date Incorporated or Qualified  
**10/22/1991**3a. Date of Last Report  
**04/04/1996**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City &amp; State

23 Zip Country

24 Zip Country

4. FEI Number  
**65-0296948**Applied For  
Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution ☐**\$5.00** May Be  
Added to Fees8. 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

**RUMIN, EDWARD R.  
2600 N. FEDERAL HIGHWAY  
SUITE 201  
FORT LAUDERDALE FL 33305**

81 Name

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

**2720 E. OAKLAND PARK BLVD STE 106**

83

84 City

**FT. LAUDERDALE**

FL

85 Zip Code

**33306**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>PAYTON, ELIZABETH D.</b>	
STREET ADDRESS	<b>400 N.W. 20TH STREET</b>	
CITY-ST-ZIP	<b>WILTON MANORS FL</b>	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>PAYTON, ROBERT J.</b>	
STREET ADDRESS	<b>400 N.W. 20TH STREET</b>	
CITY-ST-ZIP	<b>WILTON MANORS FL</b>	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MILLINOR, PEGGY</b>	
STREET ADDRESS	<b>1777 BENNINGFIELD DR SW</b>	
CITY-ST-ZIP	<b>MARIETTA GA</b>	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>TAYLOR, STANLEY</b>	
STREET ADDRESS	<b>3633 S.W. 16TH CT.</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL</b>	

4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>D</b>
4.3 STREET ADDRESS	<b>GOLDBERG, BARNEY</b>
4.4 CITY-ST-ZIP	<b>2331 NE 34TH CT</b>
	<b>LIGHTHOUSE PT FL 33064</b>

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>WRIGHT, ROBERT C.</b>	
STREET ADDRESS	<b>3181 NE 3RD AVE</b>	
CITY-ST-ZIP	<b>OAKLAND PARK FL</b>	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>HOPLEY, PAULINE</b>	
STREET ADDRESS	<b>66 FALBY CT APT 711</b>	
CITY-ST-ZIP	<b>AJAX CA</b>	

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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/97 954-565-4972  
Date Daytime Phone # 0034671

CR2E037 (9/96)