

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 31 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 400 N.W. 20TH STREET WILTON MANORS FL 33311	Mailing Address 400 N.W. 20TH STREET WILTON MANORS FL 33311-3818
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3. Date Incorporated or Qualified 10/22/1991	3a. Date of Last Report 04/04/1996
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2. Principal Place of Business 21 Suite, Apt #, etc.	2a. Mailing Address 26 Suite, Apt #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24 Zip Country	29 Zip Country

4. FEI Number 65-0296948	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
2720 E. OAKLAND PARK BLVD STE 106
63
64 City
FT. LAUDERDALE FL **65 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAYTON, ELIZABETH D.	1.2 NAME	
STREET ADDRESS	400 N.W. 20TH STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	WILTON MANORS FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAYTON, ROBERT J.	2.2 NAME	
STREET ADDRESS	400 N.W. 20TH STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	WILTON MANORS FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLINOR, PEGGY	3.2 NAME	
STREET ADDRESS	1777 BENNINGFIELD DR SW	3.3 STREET ADDRESS	
CITY-ST-ZIP	MARIETTA GA	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TAYLOR, STANLEY	4.2 NAME	GOLDBERG, BARNEY
STREET ADDRESS	3633 S.W. 16TH CT.	4.3 STREET ADDRESS	2331 NE 34TH CT
CITY-ST-ZIP	FT. LAUDERDALE FL	4.4 CITY-ST-ZIP	LIGHTHOUSE PT FL 33064
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WRIGHT, ROBERT C.	5.2 NAME	
STREET ADDRESS	3181 NE 3RD AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	OAKLAND PARK FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOPLEY, PAULINE	6.2 NAME	
STREET ADDRESS	66 FALBY CT APT 711	6.3 STREET ADDRESS	
CITY-ST-ZIP	AJAX CA	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 REQUIRED** **3/25/97** **954-565-4972**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0034671

CR2E037 (9/96)