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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N45721

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.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

10/22/1991

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

9. Name and Address of Current Registered Agent

RUMIN, EDWARD R.
 2720 E OAKLAND PARK BLVD
 STE #106
 FT LAUDERDALE FL 33306

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 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

TITLE	D	<input type="checkbox"/> DELETE
NAME	PAYTON, ELIZABETH D.	
STREET ADDRESS	400 N.W. 20TH STREET	
CITY-ST-ZIP	WILTON MANORS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PAYTON, ROBERT J.	
STREET ADDRESS	400 N.W. 20TH STREET	
CITY-ST-ZIP	WILTON MANORS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MILLINOR, PEGGY	
STREET ADDRESS	1777 BENNINGFIELD DR SW	
CITY-ST-ZIP	MARIETTA GA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GOLDBERG, BARNEY	
STREET ADDRESS	2331 NE 34TH CT	
CITY-ST-ZIP	LIGHTHOUSE POINT FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WRIGHT, ROBERT C.	
STREET ADDRESS	3181 NE 3RD AVE	
CITY-ST-ZIP	OAKLAND PARK FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HOPLEY, PAULINE	
STREET ADDRESS	66 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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED**

4/2/99 954-565-4972

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037-(11/98)