FILE NOW: FILING FEE IS \$61.25

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

FILED Apr 07, 1999 8:00 am Secretary of State

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2. Principal Pi	ace of Business	2a. Mailing Address		Date Incorporated or Qualifed	
21		26		10/22/1991	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		4. FEI Number	Applied For
22	ا از این به در بیده در در این در این بیده بیده بیده بیده بیده بیده بیده بیده	27			Not Applicable
City & State	Э	City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23		28			
Zip	Country	Zip .	Country	6. Election Campaign Financing	\$5.00 May Be Added to Fees
24	25	29 30	<u> </u>	Trust Fund Contribution 10. Name and Address of New Register	
	9. Name and Address of Current	Registered Agent 1.	81 Name	10. Marile and Address of New Yorgist	, tou rigon
		1		γ	
RUMIN, EDWARD R.			82 Street Address (P.O. Box Number is Not Acceptable)		
2720 E OAKLAND PARK BLVD			83		
STE #106			_ %	<u> </u>	
FT LAUDERDALE FL 33306			84 . City	2/1	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 Stepsture hand or printed name of registered event and title it explicable. (NOTE: Registered Agent signature required when reinstating) DATE					
12.	Signature, typed or printed name of registered agent OFFICERS AND	and and it epp	13.	ADDITIONS/CHANGES TO OFFICER	
TITLE	D OFFICERS AND	DELETE	1.1 TITLE		☐ Change ☐ Addition
	PAYTON, ELIZABETH D.		1.2 NAME ^{1/3}		
NAME	400 N.W. 20TH STREET		1.3 STREET ADDRESS		•
STREET ADDRESS	WILTON MANORS FL		1.4 CITY-ST-ZIP		
CITY-ST-ZIP	D MANORS FL	☐ DELETE	2.1 TITLE "		☐ Change ☐ Addition
	1 -	<u> </u>	2.2 NAME	•	
NAME	PAYTON, ROBERT J.		2.3 STREET ADDRESS		
STREET ADDRESS	400 N.W. 20TH STREET WILTON MANORS FL	•	2.4 CITY-ST-ZIP		
CITY-ST-ZIP ~~	D	☐ DELETE	3.1 TTLE		☐ Change ☐ Addition
	•		3.2 NAME		,
NAMÉ	MILLINOR, PEGGY		3.3 STREET ADDRESS		
STREET ADDRESS	1777 BENNINGFIELD DR SW		3.4. CITY-ST-ZIP	•	
CITY-ST-ZIP TITLE	MARIETTA GA	☐ DELETE	4.1 TITLE		Change Addition
	D REDG RADNEY		4.2 NAME	•	
NAME STREET ADDRESS	GOLDBERG, BARNEY 2331 NE 34TH CT		4.3 STREET ADDRESS	•	
	LIGHTHOUSE POINT FL		4.4 CITY-ST-ZIP		
CITY-ST-ZIP	D	☐ DELETE	5.1 TITLE		☐ Change ☐ 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 D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	HOPLEY, PAULINE		6.2 NAME		
STREET ADDRESS	l		6.3 STREET ADDRESS		•
CITY ST-ZIP	AJAX CA		6.4 CITY-ST-ZIP		
CHY-SI-ZI	I MUMA UM				

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/99 954-565-4972

CP2E037 (11/08)