

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P20292** (9)
1. Corporation Name
HPI FLORIDA, INC.



Principal Place of Business: **2655 LE JEUNE ROAD SUITE 800 CORAL GABLES FL 33134 US**
Mailing Address: **2655 LEJEUNE ROAD SUITE 800 CORAL GABLES FL 33134 US**

3. Date Incorporated or Qualified: **08/01/1988**
3a. Date of Last Report: **02/21/1995**
4. FEI Number: **59-2955824**
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**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business
21. **29800 Bainbridge Road**
Suite, Apt. #, etc.
22. **Solon, OH**
City & State
23. **Solon, OH**
City & State
24. **44139-2297** Zip
Country: **U.S.**
25. **U.S.**
26. **29800 Bainbridge Road**
27. **Attn: Tax Dept.**
28. **Solon, OH**
29. **44139-2297**
30. **U.S.**

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ (Name: Registered Agent or authorized officer responsible for reporting)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	CHOI, JAMES K.C.	
STREET ADDRESS	2655 LEJEUNE ROAD, STE 800	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	RIECK, ERWIN J.	
STREET ADDRESS	2655 LEJEUNE RD, STE. 800	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	STAUFFER, THOMAS G	
STREET ADDRESS	29800 BAINBRIDGE ROAD	
CITY-ST-ZIP	OLON OH	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	OLESEN, ROBERT W.	
STREET ADDRESS	2655 LEJEUNE RD., STE 800	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	HEININGER, K. DANIEL	
STREET ADDRESS	2655 LE JEUNE RD #800	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	17/F New World Tower II, 16-18 Queen's Rd.
14. CITY-ST-ZIP	Hong Kong
21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY-ST-ZIP	
31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY-ST-ZIP	
41. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	VP/T
43. STREET ADDRESS	29800 Bainbridge Road
44. CITY-ST-ZIP	Solon, OH 44139-2297
51. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	29800 Bainbridge Road
54. CITY-ST-ZIP	Solon, OH 44139-2297
61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. 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 119.07(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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or in an appointment with an address.

SIGNATURE: *K. Daniel Heininger*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
K. Daniel Heininger, Secretary

4/25/96 (216)498-9090

CR2E034 (12/95)