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FILED  
Jun 11 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P20292

(9)

1. Corporation Name  
HPI FLORIDA, INC.



Principal Place of Business  
29800 BAINBRIDGE ROAD  
SUITE-000  
SOLOH OH 44139-2297  
US

Mailing Address  
29800 BAINBRIDGE ROAD  
ATTN: TAX DEPT.  
SOLOH OH 44139-2202  
US

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

08/01/1988

3a. Date of Last Report

05/01/1996

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

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

81 Name

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

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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

SIGNATURE

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

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME CHOI, JAMES K.C.  
STREET ADDRESS 17/F NEW WORLD TOWER II  
CITY-ST-ZIP 16-18 QUEEN'S RD. HO ☒ DELETE

TITLE DVP  
NAME STAUFFER, THOMAS G  
STREET ADDRESS 29800 BAINBRIDGE ROAD  
CITY-ST-ZIP SOLOH OH ☐ DELETE

TITLE VPT  
NAME OLESEN, ROBERT W.  
STREET ADDRESS 29800 BAINBRIDGE ROAD  
CITY-ST-ZIP SOLOH OH ☐ DELETE

TITLE S  
NAME HEININGER, K. DANIEL  
STREET ADDRESS 29800 BAINBRIDGE ROAD  
CITY-ST-ZIP SOLOH OH ☐ DELETE

TITLE AS  
NAME HORNBAKER, BRADLEY D.  
STREET ADDRESS 29800 BAINBRIDGE ROAD  
CITY-ST-ZIP SOLOH, OH 44139 ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE D P ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE D VPT ☒ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*[Signature]*

5/30/97 (216) 498-9090

CP2E034 (9/96)