PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000052214

H.P. CHALITY INSTALLATIONS, INC.

FILED Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90126 009 ***150.00



HP DESIGN, INC.							
Principal Place of Business Mailing Address						E (BEITER) 178 18160 MIN BRITT RREIT RREIT GRING MING MING MING AND	
1855 GRIFFIN RD 1855 GRIFFIN RD							
A376 A376							
DANIA FL 33004 DANIA FL 33004						DO NOT WRITE IN THIS SPACE	
us us						3. Date Incorporated or Qualifed	
						07/26/1993	
Principal Place of Business 2a, Mailing Address						4. FEI Number Applied For	
21 26						65-0424910 Not Applicable	
Suite, Apt.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		
27 27						ree required	
City & State)	City & State				6. Election Campaign Financing \$5.00 May Be	
23		28			<u> </u>	Trust Fund ContributionAdded to Fees	
Zip	Country Zip Co		Cou	intry		8: This corporation owes the current year Intangible	
24	25	29 30				Personal Property Tax. Yes XNo	
	9. Name and Address of Current	Registered Agent		١		10. Name and Address of New Registered Agent	
				81 1	vame		
1	RATH, HELMUT Q			82 5	Street Addre	sss (P.O. Box Number is Not Acceptable)	
10937 W BROWARD BLVD				1855 GRIFFIN RD			
PLANTATION FL 33324				83		- A -201	
			اللكي إ		اللك	85 Zip Code	
				84 ([™] \\	NIA PREACH FL 85 ZID COOP 33004	
44 Durement	207 007 007 007 007 1509 Florida Statutes the about garred corporation submits this statement for the purpose of changing its registered						
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agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.							
SIGNATURE Stonature, typed or printed name of registered agent and tale if applicable. (NOTE: Registered Agent signature required when rehistating) DATE							
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NAME			5.2 N				
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CITY-ST-ZIP				TY-\$T-Z			
14 I hereby co	ertify that the information supplied with	h this filing does not qualify for th	e exe	mption	stated in Se	ection 119.07(3)(i), Florida Statutes. I further certify that the information	

true and accurate and that my signature shall have the same legal effect as if made under outh; that I em an inpowered to execute this report as required by Chapter 807, Florida Statutes; and that my name appears in ddress with all other like empowered. Indicated on this annual report or supplemental annual report is tru
officer or director of the corporation or the receiver or trustee employ
Block 12 or Block 13 if changed, or on an attachment with an addirect

SIGNATURE: _______