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PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P93000060414 (8)

THE PURPLE HIPPO, INC.				
Mailing Address				
746 S VILLAGE CIRCLE TAMPA FL 33606 US				
	746 S VILLAGE CIRCLE TAMPA FL 33606			

FILED Apr 27 1998 8:00am Secretary of State

THE PURPLE HIPPO, INC.							
Princ	cipal Place of Business	Mailing Address				IIIII BOOK DIBBRAN	HIF OLDT HADD
748	S VILLAGE OFFICE	746 S VILLAGE CIRCLE					
TAMPA FL 33606 TAMPA FL 33606				DO NOT WRITE IN THI	e enace		
US		US			3. Date Incorporated or Qualified	3 STACE	
2 P	rincipal Place of Business	2a. Mailing Address			08/27/1993 4. FEI Number	Ι ΙΔ,	pplied For
21	milespan i sada di Casamoso	26			59-3198267	├─ ┼─	ot Applicable
	uite, Apt. #, etc.	Suite, Apt #, etc.					Additional
22	•	27			5. Certificate of Status Desired		equired
	City & State	City & State			6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution		to Fees
	ip Country	Zip	Coun	try	8. This corporation owes or has paid the	current year In	tangible
24	25	29	30		Personal Property Tax due June 30.		,] No
	9. Name and Address of Cur	rent Registered Agent		Name	10. Name and Address of New Registers	d Agent	
	trayner, ty			91 Name			
	602 CHANNELSIDE DRIVE		1	32 Street A	ddress (P.O. Box Number is Not Acceptable)		
	TAMPA FL 33602		ļ.,	33			
				23			
			1	34 City	F	85 Ziρ	Code
44	Burayant to the provisions of Spotions CO7 (00.02 and 607 1509. Elorida Statut	too the ab	nuo pamad a	corporation submits this statement for the purpose		te registered
	office or registered agent, or both, in the St	ate of Florida. Such change was a	authorized	by the corne	oration's board of directors. I hereby accept the a	ppointment as	registered
	agent. I am familiar with, and accept the of	nligations of, Section 607.0505, Fl	orida Statu	tes.			
SIGN	NATURE						
	Signature, typed or printed nanic of registered	Lacrent and title if as plicable (NO)	II. Registered	Agent signature r	equired when reinstating) DATE		l
12.	Signature, typed or printed name of registered	agent and title if applicable (NO) AND DIRECTORS	It Registered	Agent signature r	equired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A		RS IN 12
12.	Signiture, typed or printed name of registered OFFICERS						RS IN 12
	Signifure, typed or printed name of registered OFFICERS. PS	AND DIRECTORS	13.	E		ND DIRECTOR	1 3
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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 supplimental 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 of 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 attachmight with an address.