## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 05 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P93000072721 (2)

HOT PIN	IK LIPS, INC.						
Principal Place \$251 SPANISH POMPANO BCH US	RIVER DR.	Mailing Address 3251 \$PANI\$H RIVER DR. POMPANO BCH. FL 33062-6809 US		T HER HERE I THE TRIBE FIRST COURT BESTEL BESTEL	OUIDI ARDID KIELE FOURU DIAD 		
					<ol> <li>Date Incorporated or Qualified</li> <li>10/20/1993</li> </ol>	3a. Date of Last F 08/20/1996	₹eport
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For		
21 Sulte, Apt. #, etc.		Suite, Apt. #, etc.		65-0444358	Not Applicable  \$8.75 Additional		
22		27		5. Certificate of Status Desired		Additional equired	
City & State		City & State		6. Election Campaign Financing	\$5.00	May Be	
23		28		Trust Fund Contribution	Trust Fund Contribution Added to Fees		
Ζiρ	Country	Zip Country			8. This corporation has liability for in		
24	25 29 30 9, Name and Address of Current Registered Agent		<u>30 </u>		Florida Statutes Yes No  10. Name and Address of New Registered Agent		
TUC	LAW FIRM LAWRENCE J SPIEG		81	Name	10. Name and Address of New You	Jistered Agent	
	ALMERIA AVE	EL, UNANTENED					
	IAL GABLES FL 33134		82 Street Ad		ddress (P.O. Box Number is Not Acceptabl	e)	
0011	PLE CADELS I E 00104		83				
			-				<del></del>
			84	City		FL 85 Zip	Code
11. Pursuant t office or re agent. I ar	to the provisions of Sections 607,0502 ogistered agent, or bolti, in the State on m familiar with, and accept the obliga	and 607.1508, Florida Statut of Florida, Such change was tions of, Section 607.0505, Fl	es, the above authorized by orida Statutes	named c the corpo	orporation submits this statement for the pi oration's board of directors. I hereby accep	urpose of changing it the appointment as	ts registered registered
SIGNATURE .	Signature, typed or printed name of registered agen	Land title if applicable (NO)	L. Stepistered Age	ut s onature re	opured when reinstaling)	DATE	
12.	OFFICERS AND		18.		ADDITIONS/CHANGES TO OFFICE		RS IN 12
TITLE	P	☐ DELFTE	1.1 TOLE		P	Change	Addition
NAME	WILLET, KATHERINE A		1.2 NAMI		WILLETS, KATHERINE	: A.	
STREET ADDRESS	3251 SPANISH RIVER DR.		1.3 STRE(T	ADDRESS	•		
CITY-ST-ZIP	POMPANO BCH. FL 33062	T 22.22	1.4 CHY- \$	· ZIP			
TITLE	ST MALLET HEFEREY D	L_ DELETE	2.1 TITLE		ST	<b>b</b> ☐ Change	Addition
NAME	WILLET, JEFFREY D 3251 SPANISH RIVER DR.		2.2 NAME		ILLETS, JERKRY D		
STREET ADDRESS	POMPANO BCH. FL 33062		2.3 STREET				
CITY-ST-ZIP TITLE	POMPARO DOTI. IL 03002	DELETE	2.4 CHY-S 3.1 HILE	1 - ZIF,		Change	Addition
NAME			3.2 NAME			onengo	CT (Kidilidi)
STREET ADDRESS			3.3 STREET	ADDRESS			
CITY-ST-ZIP			3.4. CITY - S				
TITLE			4.1 311LE			Change	Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET	ADDRESS			
CITY-ST-ZIP			4.4 CITY - S	- ZIP	,		
TITLE		L DELETE	5.1 TITLE			Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET				
CITY-ST-ZIP TITLE		DELL'IE	5.4 CHY-S	- ZIE		Channe	Addition
NAME	•	[] beter	6.1 TITLE			Change	Addition
STREET ADDRESS			6.2 NAME 6.3 STREET	Annetee			
CITY-ST-ZIP			6.4 CITY-S				
14. I do hereb	by certify that the information supplied	with this filing does not qual-	ly for the exe	mption sta	ited in Section 119.07(3)(i), Florida Statutes	s. I further certify that	t the
informatio	n indicated on this annual report or su	ipplementaLannual ≀oport is t	true antilaceu	rate and t	hat my signalure shall have the same legal part as required by Chapter 607, Florida St	Leffect as if made ur	nder nath: that I

14. I do hereby certify that the information supplied with this filing does not qualify for tinformation indicated on this annual report or supplemental annual report is true and I am an officer or director of the corporation or the receiver or trusted empowered to appears in Block 12 or Block 13 if changed, or on an attachment with an address.