PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000080614

1. Corporation HAMPTO Principal Place 2966 CLEVELAN FT. MYERS FL	O OF Business	2966 CI	g Address Leveland ave. ERS FL 33901					
US US						DO NOT WRITE IN THIS	SPACE	-
1						3. Date Incorporated or Qualifed 11/16/1993		
2. Principal Pl	ace of Business	2a. Ma	iling Address			4. FEI Number	1 7 7	ofled For
21		26				65-0466553		Applicable
Suite, Apt.	#, etc.	— ·	ite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A Fee Rec	
22		27 Cit	y & State			6 Floring Compaign Financing	\$5.00	
City & State	9 	28	y a 51010	<u> </u>		6. Election Campaign Financing Trust Fund Contribution	Added to	
Zip	Country	Zip		Country	/	_8. This corporation owes the current year Int		
24	25	29	30			Personal Property Tax.		□No
<u></u>	9. Name and Address of Curre	nt Registere	d Agent			10. Name and Address of New Registered	Agent	
	DYON TONIVA			81	Name		•	
	PTON, TONYA			82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
2966 CLEVELAND AVE. FT MYERS FL					<u> </u>			
L1 M	ITENS FL			83				
				84	City	FL	85 Zip C	ode
11 Pursuant	to the provisions of Sections 607.05	02 and 607.1	508. Florida Statutes.	the above	e-named corpo	andles submits this statement for the surrouge of	changing its	registered
						n'a based of diseasons. I hereby eccond the spinoi	nimeni at renin	
22221	of familiar with and account the obliga	stings of Sec				n's board of directors. I hereby accept the appoi	ilanen da reg	jistoreu
agent. I ai	egistered agent, or both, in the State m familiar with, and accept the obliga	ations of, Sec				in a positi oi directora. Thereby accept the appoint	inanan us iog	jiste. 60
agent. I a	m familiar with, and accept the obligation of th	ations of, Sec	ction 607.0505, Florida	a Statutes		f when re-installing) DATE		
agent. I a	m familiar with, and accept the obliga	ations of, Sec	cable (NOTE: Re	a Statutes	ше <i>согрозац</i> о.	is board of discuss. Thirtoy docept the appear	D DIRECTO	
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6.4 CFTY-ST-ZIP CITY-ST-ZIP 14. I hereby certify that the information supplied with this fiting 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 cath; 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 attactyment with an address, with all other like empowered.

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90076 012 ***150.00