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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000081598 (2)

HAMPTON CORPORATION

Principal Place of Business
2451 MCMULLEN BOOTH ROAD
SUITE 200

Mailing Address

2451 MCMULLEN BOOTH ROAD SUITE 200 **FILED**

May 18 1998 8:00am

Secretary of State

DO NOT WRITE IN THIS SPACE

CLEARWATER FL 34619			CLEARWATER FL 34619			DO 1	DO NOT WRITE IN THIS SPACE			
						 Date Incorporated or 11/03/1994 	Qualified			
2. Principal Place of Business			2a. Making Address	2a. Maeing Address				A	pplied For	
21			26 222 Snowdon Ave			59-3278785		No	ot Applicable	
Suite, Apt.		2 -	Šuite, Apt. #, etc.			5. Certificate of Status I	Desired []	\$8.75	Additional	
		312	27				7031100	Fee Re	equired	
City & State	e		City & State			Election Campaign F		\$5.00	May Be	
Zio Country			28 Toronto, Ontorio			Trust Fund Contributi	ion L.	bebbA	to Fees	
Zip 24 3375	0	Country	200		,	8. This corporation owe	•			
24 00 10		25 and Address of Curre	29 MYN & B 3	30 0	Personal Property Tax due June 30. Yes No				_ No	
EA	RANTATOS		The ground of the state of the	81	Name	10, Hamo and Addition	or real registerer	Apont		
		LEN BOOTH ROAD								
	ITE 20 0	LEN BOOTH NOAD		82 Street Address (P.O. Box Number is Not Acceptable)						
		R FL 34619		83	 -	 				
VL.	674 1117 1 6 1	11 6 040 18								
				84	City		FI	85 Zip	Code	
11. Pursuant I	to the provis	sions of Sections 607 05	02 and 607 1508, Florida Statute	s, the abov	e-named o	corporation submits this stateme	ent for the numose	of changing it	ts registered	
office or re	egi ste red ag	gont, or both, in the Stat	to of Florida, Such change was a gations of, Section 607,0505, Flo	uthorized b	y the corp	oration's board of directors. I he	reby accept the ap	pointment as	registered	
·	tat iggiriianii vv	in, and accept the con	glanoria di Secreti del 1000, Fio	iloa Statute	S.					
SIGNATURE	Signature, type:	For printed name of regetorical a	ryant and title if applicable (NOTE	Registered Ag	ont signature i	equired when reinstating)	DATE			
12.		OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES	S TO OFFICERS AN	ID DIRECTOR	RS IN 12	
TITLE	PSTD		X DELETE	1.1 TITLE		Nice President	•	Change	Addition	
NAME		TATOS, G N		1.2 NAME		Bernard J. Ka	min		.	
STREET ADDRESS		CMULLEN BOOTH R	AD, SUITE 200 1.3 ST		Betnord J. Kamin HET ADDRESS 2461 Mc Mullen Booth Rd C-ST-ZIP Clearwoter, FL 33759		d. Suite	e 312		
CITY-ST-ZIP	CLEAR	WATER FL 34619		1.4 CITY-S	ST - ZIP	Clearwater, Fl	33759			
TITLE			☐ DELĒTE	21 THILE		•		Change	Addition	
NAME				2 2 NAME						
STREET ADDRESS				2.3 STREET	ADDRESS					
CITY-ST-ZIP				2. 4 CITY-	ST-ZIP					
TITLE			☐ DELETE	3.1 TITLE				L Change	Addition	
NAME				3.2 NAME						
STREET ADDRESS				3.3 \$1REE1	ADDRESS					
CITY-ST-ZIP			Depart	3.4. C(1Y-	\$1-ZIP				11433	
TITLE			☐ DELETE	4.1 TITLE				Change	☐ Addition	
NAME				4. 2 NAME						
STREET ADDRESS					ADORESS					
CITY-ST-ZIP TITLE			DELETE	4.4 CITY - S	51-ZIP			Change	Addition	
				5.1 TITLE	1			Change	LI Addition	
NAME ETPEET ADDRESS				5.2 NAME	*********					
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP TITLE	<u> </u>		DELETE	5.4 CITY-S 6.1 TITLE	1-2P			Change	Addition	
NAME			L. OCLETE	6.2 NAME	1			CT CHANGE	Addition	
STREET ADDRESS					ADDDESC					
				6.3 STREET	i i					
14. I hereby c	ertify that th	e information supplied a	with this filing does not qualify for	6.4 CITY-S	tion stated	Lin Section 119 07/3\(ii) Florida	Statutes Uturther r	sertify that the	information	
indicated i	on this annu director of th	ial report or supplement to corporation or the rec	tal armual report is true and accu- ceiver or trustee empowered to e acho-ent with an address.	rrate and th	at my sion	alure shall have the same local	leffect as if made u	inder oath: the	atlam an I	