

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

FILED  
Feb 10 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000022229 (5)**  
1. Corporation Name  
**HTP SUPPLY, INC.**

Principal Place of Business <b>8123 NW 29TH STREET MIAMI FL 33122</b>	Mailing Address <b>8123 NW 29TH STREET MIAMI FL 33122</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>03/20/1995</b>	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number <b>65-0578828</b>		Applied For <input type="checkbox"/> Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
23 Zip	28 Zip	7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			
24 Country	29 Country	30			

9. Name and Address of Current Registered Agent <b>CORPORATION COMPANY OF MIAMI 201 S. BISCAYNE BLVD. #1800 MIAMI FL 33131</b>		10. Name and Address of New Registered Agent	
		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VSD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAMAYO, LUIS F	1.2 NAME	
STREET ADDRESS	624 N LAKESIDE DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUGHES, ALUN A	2.2 NAME	
STREET ADDRESS	544 HAMPTON LN	2.3 STREET ADDRESS	
CITY-ST-ZIP	KEY BISCAYNE FL	2.4 CITY-ST-ZIP	
TITLE	VPD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUGHES, ELIZABETH	3.2 NAME	
STREET ADDRESS	2 GROVE ISLE DR APT 1510	3.3 STREET ADDRESS	
CITY-ST-ZIP	COCONUT GROVE FL	3.4 CITY-ST-ZIP	
TITLE	VPT	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUGHES, GARETH H	4.2 NAME	
STREET ADDRESS	2 GROVE ISLE DR APT 1510	4.3 STREET ADDRESS	
CITY-ST-ZIP	COCONUT GROVE FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 supplemental 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 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 attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 2/98

805 5949242

CR2E034 (10/97)