

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

DOCUMENT # P95000022229 (5)
1. Corporation Name
HTP SUPPLY, INC.



Principal Place of Business: **8123 NW 29TH STREET MIAMI FL 33122**
Mailing Address: **8123 NW 29TH STREET MIAMI FL 33122**

DO NOT WRITE IN THIS SPACE

| | | | | | |
|--------------------------------|---------------------|---------------------|---------------------|--|---------------------------------------|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 03/20/1995 | |
| 21 | Suite, Apt. #, etc. | 26 | Suite, Apt. #, etc. | 4. FEI Number 65-0578828 | Applied For Not Applicable |
| 22 | City & State | 27 | City & State | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 23 | Zip | 28 | Zip | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 24 | Country | 29 | Country | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | | | | | |
|--|--|--|--|--|--|----|----------|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| CORPORATION COMPANY OF MIAMI 201 S. BISCAYNE BLVD. #1800 MIAMI FL 33131 | | | | 81 | Name | | |
| | | | | 82 | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | | 83 | City | | |
| | | | | 84 | 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 _____ DATE _____
Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating)

| 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: _____ DATE: **Feb 2/98** DAYTIME PHONE: **805 5949242**

CR2E034 (10/97)