

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Shirley B. Matheson
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000031743 (4)

1. Corporation Name

HIPUT SALES CORP.

Principal Place of Business

2990 U.S. HWY. 301 N.
ELLENTON FL 34222

Mailing Address

2990 U.S. HWY. 301 N.
ELLENTON FL 34222



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

AMERILAWYER
343 ALMERIA AVE.
CORAL GABLES FL 33134

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 603.05(1) and 603.17(1), 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. Thereby, accept the appointment as registered agent. I am familiar with and accept the obligations of Section 603.05(1), Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

1. TITLE

P
PUTKA, WILLIAM S
2990 U.S. HWY. 301 N.
ELLENTON FL 34222

[] DELET

NAME

STREET ADDRESS

CITY-ST-ZIP

2. TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

3. TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

4. TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

5. TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

6. TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

PD

[X] Change [] Addition

7968 Olde Eight Road
Northfield, OH 44067

TD

[] Change [X] Addition

Peter Vole III
5111 Oxford Road
Parrish, FL 34219

SD

[] Change [X] Addition

Marvin Heier
5086 Oak Run Drive
Sarasota, FL 33243

[] Change [] Addition

[] Change [] Addition

[] Change [] Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 19.07(3)(g), Florida Statutes. Further, I 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 affidavit.

SIGNATURE

Peter Vole III

Peter Vole, III

3-1-96

(941) 722-5711

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)