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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000024416 (5)

HOT PROSPECTS INC.

Principal Place of Business	_
1825 NORTHEAST 45TH STREET. SUITE 228	

Mailing Address

1925 NORTHEAST 45TH STREET, SUITE 228 FT. LAUDERDALE FL 33308-5130

## FILED

Apr 04 1997 8:00am Secretary of State



						3. Date Incorporated or Qualified 03/19/1996	3a. Date o	f Last R	eport	
2 Principal D	lace of Business	2a. Mailing Address			<u></u>	4. FEI Number	3	T TA.	anlind For	
21	idea o posmess	26	<del> </del>			65-0659664		Applied For Not Applicable		
Suite, Apt.	# etc	Suite. Apt. #, etc.					_ s		Additional	
22		27				5. Certificate of Status Desired	· •		equired	
Crty & State	e	City & State				6. Election Campaign Financing	<u></u>		May Be	
23		28	<del></del> -			Trust Fund Contribution			to Fees	
7ιρ 	Country	Zip	<u> </u>	intry		8. This corporation has liability for i	ntangible tax		. 199.032,	
24	9. Name and Address of Currer	29	30			Florida Statutes  10. Name and Address of New Re	Yes D			
		ir Degistered Agent		B1	Name	10. Hame and Addiess of New Ne	Areter on who			
	ERMAN, CAROL			"	Harrio					
	OT PROSPECTS INC.	_		82	Street Addr	ess (P.O. Box Number is Not Acceptab	le)			
	5 N.E. 45TH STREET, SUITE 22	8								
FT.	LAUDERDALE FL 33308			83						
				84	City		FL <sup>8</sup>	5 Zip	Code	
11. Pursuant t	to the provisions of Sections 607.050	12 and 607.1508, Florida Sta	atutes, the a	bove	-named corp	poration submits this statement for the place ion's board of directors. I hereby accept	urpose of cha	anging i	ts registered	
agent. La	registered agent, or both, in the state im familiar with, and accept the oblig	ations of, Section 607.0505,	, Florida Sta	tutes	tile corporat i,	ion's board of directors. Thereby accep	ir rue abboniir	ilicili as	registered	
SIGNATURE										
	Separation Typed or product name of registered ago			d Ager	nt signature requir	ed when reinstating)	DATE			
12.		D DIRECTORS	13,			ADDITIONS/CHANGES TO OFFIC				
TITLE	D	☐ DELETE	1.1 TI	TLE			لبا	Change	Addition	
NAME	OVERMAN, CAROL		1.2 N	AME	•					
STREET ADDRESS	8508 NORTHWEST 82ND STR	KEET	1.3 S	TAEET	ADDRESS					
CITY - ST - ZIP	TAMARAC FL 33321			ITY-ST	1 - ZIP					
TITLE		DELETE	21 TI	TLE				Change	Addition	
NAME			2.2 N	AME						
STREET ADDRESS			2.3 S	TREET	ADDRESS					
CHY-ST ZIF			2.40	ITY - S	IT-ZIP				,	
1171.6		DELETE	3.1 TI	TLE				Change	Addition	
NAME			3.2 N	AME						
STREET ADDRESS			3.3 5	TREET	ADDRESS					
CITY - ST - ZiP			34.0	ar-s	ST-ZIP					
TITLE		DELETE	4 1 TI		<u> </u>			Change	Addition	
NAME	·		4 2 N	IAME						
STREET ADDRESS					ADDRESS					
CITY - S1 - Z(f)				ITY-SI						
THILE		DELETE	5.1 T			<u>, , , , , , , , , , , , , , , , , , , </u>		Change	Addition	
NAME	}		5.2 N	AME				•		
STREET ADDRESS					ADDRESS					
City - ST- ZIP				(TY-S1						
THE		DELETE	6.17		1-41/			Change	Addition	
NAMÉ		has pull to the Control of the	6.2 N				h.m.d	, <b></b>		
					ADDRECC					
STREET ADDRESS					ADDRESS					
CitY+S1+ZIP	by early that the information condi-	ed with this filing door not or		ITY - \$1		in Section 119.07(3)(i), Florida Statute	e I further co	rtifu that	the	
	by certify that the information supplies on indicated on this annual report of t									

14. I do 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

CAM DUMINAL CAROL OVERMAND PRES.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/97 954/491-7255