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

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000025722

HAMPTON MONOGRAM, INC.

Principal Place of Business	Mailing Address	
5404 26TH ST W BRADENTON FL 34207 US	107 24TH ST NE Bradenton FL 34208 US	3. Da
2. Principal Place of Business	2a. Mailing Address	4. FE
21	26	65
Suite Aut # etc	Suite, Apt. #, etc.	

## FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90017 020 \*\*\*150.00



BRADENTON FL 34207 US			BRADENTON FL 34208 US					DO NOT W	RITE IN TH	IS SPAC	Έ	
							3. Date I	r corporated or Qualife				· <del></del>
							03/2	2/1996				
2. Principal P	lace of Business		2a. Mailing Address				4. FEI N				App	lied For
21			26				65-0	653339			Not	Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				5. Certifo	cate of Status Desired			. <b>75</b> A	dditional uired
City & S at	te		City & State				6 Flection	o i Campaign Financing		<u>\$</u>	5.00 h	lav Be
23			28					Fund Contribution	, <u> </u>		dded to	
Zip	Cou	ntry	Zip	Cot	untry		8. This c	crporation owes the cu	rrent year	ntangible	9	. #
24	25		29	30				nal Property Tax.		Y€		No
	9. Name and Add	dress of Current	Registered Agent		ļ.,		10. Name	and Address of New	Registere	d Agent		
55.41					81	Name						
	VDICA, VIKI				82	Street A	Acdress (P.O. Bo	x Number is Not Accep	table)			
	24TH ST NE						· ·					
RHA	DENTON FL 34208	5			83							
					84	City				85	Zip C	ode
									F	ᆸᆝᆝ		
office cr r	registered agent, or bo	oh, in the State c	and 607.1508, Florida Statu f Florida. Such change was ons of, Section 607.0505, Florida	authorize	d by	the corpo	ccrporation subm or tion's board of	irs this statement for the cirectors. I hereby acc	e purpose ept the app	of chang ointment	ing its r l as reg	stered
SIGNATURE								·	DATE			
	Signature, typed or printed n	OFFICERS AND		: Registere		t signature re	oguired when reinstating	ONS/CHANGES TO C		ND DIE	RECTO!	US IN 12
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NAME	PRAVDICA, VIKI			- 1	AME					_		
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NAME	RIGO, D. SUSAN	ı	<b>_</b>		IAME					_	-	
						ADDRESS						
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CITY-ST-ZIP				6.4 C	iTY-\$1	r- 21P						-
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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 attact ment with an address, with all other like empowered.

SIGNATURE: