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

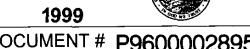
PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS



DOCUMENT # P96000028953 HEPWORTH INTERNATIONAL, INC.

Principal Place of Business Mailing Address

FILED Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90075 005 ***150.00



11715 MELLOW CT ROYAL PALM BEACH FL 33411		11715 MELLOW CT ROYAL PALM BEACH FL 33411		•	DO NOT MIRI	T IN TUIC S	DACE	
					DO NOT WRIT 3. Date Incorporated or Qualifed	E IN THIS S	PACE	
					04/02/1996			
2. Principal Place of Business 2a. Mailing		2a. Mailing Address	ng Address		4. FEI Number		<u> </u>	plied For
21		26			65-0658841			t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75		
22		27		.			Fee Re	
City & State	e	City & State			6. Election Campaign Financing	П	\$5.00	· 1
23		28			Trust Fund Contribution		Added	o Fees
Zip '			Country		8. This corporation owes the current year Intangible Personal Property Tax Personal Property Tax			
24	25 29 30		30	Torsonari Toperty Tux.			LINO	
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New R	egistered A	gent	
A 5.4F	OILAMAZED CHADTEDED		81	Name				
AMERILAWYER CHARTERED 343 ALMERIA AVENUE			82	Street Add	ddress (P.O. Box Number is Not Acceptable)			
				<u> </u>				
CORAL GABLES FL 33134			83		,			
	•		84	City	 	FL	85 Zip (Code
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Statute	s, the above	e-named corp	poration submits this statement for the ion's board of directors. I hereby accep	purpose of c	hanging its ment as re	registered gistered
agent. I a	m familiar with, and accept the obliga	ations of, Section 607.0505, Flori	da Statute	3 . '	,			[
SIGNATURE	Signature, typed or printed name of registered age	int and title if applicable. (NOTE:	Registered Age	nt signature require	ed when reinstating)	DATE		
12.	OFFICERS AND DIRECTORS			\	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			RS IN 12
TITLE	DPST	☐ DELETE	1.1 TITLE				Change	☐ Addition
NAME	HEPWORTH, DANA L		1.2 NAME					
STREET ADDRESS	11715 MELLOW CT	•	1.3 STREE	T ADDRESS				Į
CITY-ST-ZIP	ROYAL PALM BEACH FL 3341	11	1.4 CITY-S	T-7IP	·			
TITLE		☐ DELETE	2.1 TITLE				Change	☐ Addition
NAME		_	2.2 NAMÉ	Ì		•		ľ
				TADDRESS				ĺ
STREET ADDRESS			2.4 CITY-		,			ſ
. CITY-ST-ZIP .		☐ DELETE	3.1 TITLE			,	☐ Change	Addition
			3.2 NAME		<i>-</i>		_ *	=
NAME	<i>,</i>			T ADDRESS				
STREET ADDRESS								
CITY-ST-ZIP		☐ DELETE	3.4. CITY- 4.1 TITLE	31-ZIP			Change	☐ Addition
TITLE			4.1 IIILE 4. 2 NAME					
NAME								
STREET ADDRESS				TADDRESS				Ì
CITY-ST-ZIP		☐ DELETE	4.4 CITY-5	ST-ZIP			Change	Addition
TITLE ,			5.1 TITLE					
NAME			E O MALIE	ı	• ,			
			5.2 NAME	7.4000000	· ,			. }
STREET ADDRESS	. 1		5.3 STREE	T ADDRESS	•			
CITY-ST-ZIP	1		5.3 STREE 5.4 CITY-1		· .		Character	. Addis-
· .	. 1	☐ DELETE	5.3 STREE		· .		☐ Change	Addition

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 or an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS