

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

FILED

**Feb 18 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 # P96000039437 (4)
1. Corporation Name
THE HAMPTON GROUP, INC.



Principal Place of Business: 2877 HAMPTON CIRCLE, WEST DELRAY BEACH FL 33445
Mailing Address: 2877 HAMPTON CIRCLE, WEST DELRAY BEACH FL 33445

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/02/1996

4. FEI Number: 65-0671419 Applied For: Not Applicable

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business: 21 6971 N. FEDERAL HWY, SUITE 200, BOCA RATON, FL 33487
2a. Mailing Address: 26 6971 N. FEDERAL HWY, SUITE 200, BOCA RATON, FL 33487

9. Name and Address of Current Registered Agent: SMITH, ANN, 2877 HAMPTON CR WEST, WEST TOWER - SUITE #400, DELRAY BEACH FL 33445

10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable): 6971 N. FEDERAL HWY, SUITE 200, 83 City: BOCA RATON, FL 84, 85 Zip Code: 33487

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: P	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: ANN SMITH		1.2 NAME	
STREET ADDRESS: 2877 HAMPTON CR WEST		1.3 STREET ADDRESS: 6971 N. FEDERAL HWY SUITE 200	
CITY-ST-ZIP: DELRAY BCH FL		1.4 CITY-ST-ZIP: BOCA RATON, FL 33487	
TITLE: VP	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: JAY P SMITH		2.2 NAME	
STREET ADDRESS: 2877 HAMPTON CR WEST		2.3 STREET ADDRESS: 6971 N. FEDERAL HWY SUITE 200	
CITY-ST-ZIP: DELRAY BCH FL		2.4 CITY-ST-ZIP: BOCA RATON FL 33487	
TITLE:	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		3.2 NAME	
STREET ADDRESS:		3.3 STREET ADDRESS:	
CITY-ST-ZIP:		3.4 CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		4.2 NAME	
STREET ADDRESS:		4.3 STREET ADDRESS:	
CITY-ST-ZIP:		4.4 CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	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:	<input type="checkbox"/> DELETE	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: 2/18/98 611-998-482A

CR2E034 (10/97)