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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Corporation	ANDREW HAMPTON, P.A.	UU47376 (4)			.
Principal Place of Business		Mailing Address		- I MADDINEN HAD SOUR BOOK BOOK BEIN BOOK EN	DAN KOBOO MININ KADUU BINA ABOO
1572 SUNSET ORIVE WINTER PARK FL 32789		1572 SUNSET DRIVE WINTER PARK FL 32789		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified 05/29/1996	
2. Principal Place of Business 2a. Mai		2a. Mailing Address		4. FEI Number	Applied For
21	······································	26		59-3381967	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Gountry 30	This corporation owes or has paid the corporate Personal Property Tax due June 30.	Yes No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent					
HAMPTON, SCOTT A			81 Name		
1572 SUNSET DRIVE WINTER PARK FL 32789		82 Street Addr		ress (P.O. Box Number is Not Acceptable)	
			63		
		B4 City	FI	L 85 Zip Code	
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change was a	authorized by the corpora	poration submits this statement for the purpose tion's board of directors. I hereby accept the ap	of changing its registered opointment as registered
SIGNATURE	Signature, typed or printed name of registered again		E: Registered Agent signature requi	ilred when reinstating) DATE	
12.		D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	
TITLE	D COURT A	☐ DELETË	1.1 TITLE		Change Addition
NAME	HAMPTON, SCOTT A		1.2 NAME		
STREET ADDRESS	1572 SUNSET DRIVE WINTER PARK FL 32789		1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	MINIEN PARK PL 36109	DELETE	1.4 CITY-ST-ZIP 21 TITLE		Change Addition
NAME			2.2 NAME		T CHAIRE T MAGNOOL
STREET ADDRESS			2.2 NAME 2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CITY - ST - ZIP		
TITLE		DELETE	3.1 TITLE	····,	Change Addition
NAME			3.2 NAME		• -
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY - ST - ZIP		
TITLE		☐ DELET e	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	4.4 CITY-ST-ZIP		·
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		- Drugge	5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		:
STREET ADORESS			6.3 STREET AODRESS		

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.

98 (42)741-6937

FILED

Mar 26 1998 8:00am

Secretary of State