

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

FILED

May 19 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000056806 (8)

1. Corporation Name  
HP12D, INC.



Principal Place of Business  
3243 S. PORT ROYALE DR., APT. L  
FT. LAUDERDALE FL 33308

Mailing Address  
3243 S. PORT ROYALE DR., APT.  
FT. LAUDERDALE FL 33308-7834

|   |  |
|---|--|
| 3. Date Incorporated or Qualified<br>07/05/1996   | 3a. Date of Last Report  |
| 4. FEI Number   | <input type="checkbox"/> Applied For<br><input checked="" type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/>   | \$8.75 Additional Fee Required   |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>   | \$5.00 May Be Added to Fees  |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |

|                                |                        |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address    |
| 21 Suite, Apt. #, etc.         | 26 Suite, Apt. #, etc. |
| 22 City & State                | 27 City & State        |
| 23 Zip Country                 | 28 Zip Country         |
| 24                             | 29                     |

9. Name and Address of Current Registered Agent

BISBING, MARK  
200 S. BISCAYNE BLVD.  
SUITE 3150  
MIAMI FL 33131

10. Name and Address of New Registered Agent

|   |
|---|
| 81 Name   |
| 82 Street Address (P.O. Box Number is Not Acceptable) |
| 83  |
| 84 City FL 85 Zip Code                                |

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS |                                 | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|---------------------------------|---|---|
| TITLE                      | <input type="checkbox"/> DELETE | 1.1 TITLE   | Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       |                                 | 1.2 NAME  | Andrew D. Perlman   |
| STREET ADDRESS             |                                 | 1.3 STREET ADDRESS                                    | 3243 S. Port Royale Dr. #L  |
| CITY-ST-ZIP                |                                 | 1.4 CITY-ST-ZIP                                       | Ft Lauderdale FL 33308  |
| TITLE                      | <input type="checkbox"/> DELETE | 2.1 TITLE   | Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       |                                 | 2.2 NAME  | Richard Dobrinsky   |
| STREET ADDRESS             |                                 | 2.3 STREET ADDRESS                                    | 1017 SE 2nd St #1   |
| CITY-ST-ZIP                |                                 | 2.4 CITY-ST-ZIP                                       | FT LAUDERDALE, FL 33301   |
| TITLE                      | <input type="checkbox"/> DELETE | 3.1 TITLE   | President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition      |
| NAME                       |                                 | 3.2 NAME  | Alan Haig   |
| STREET ADDRESS             |                                 | 3.3 STREET ADDRESS                                    | 820 SE 8th St   |
| CITY-ST-ZIP                |                                 | 3.4 CITY-ST-ZIP                                       | Ft Lauderdale FL 33316  |
| 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 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.

CR2E034 (9/96)