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PROFIT CORPORATION ANNUAL REPORT

1997

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

May 16 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000070061 (2)

KIM MEREDITH HAMPTON, P.A.

Principal Place of Business Mailing Address 1572 SUNSET DR 1572 SUNSET DR WINTER PARK FL 82789 WINTER PARK FL 32789-2032 3. Date Incorporated or Qualified 3a. Date of Last Report 08/22/1996 2. Principal Place of Business 2a. Mailing Address Applied For 15 72 SW84 1572 50050 Suite, Apt. #, etc. 59-3401848 Not Applicable Suite, Apt #, etc. \$8.75 Additional Certificate of Status Desired Fee Regulred City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Winter Park Winter Park Trust Fund Contribution Added to Fees 28 Country Country This corporation has liability for intangible tax under s. 199.032. 25 UV AN 48 CYANK Yes X No 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 MEREDITH-HAMPTON, KIM 1572 SUNSET DR Street Address (P.O. Box Number is Not Acceptable) 82 WINTER PARK FL 32789 83 Zip Code 31789 11. Pursuant to the provis office or registered ac 607.0502 and 607.1508, Florida Statules, the above-named corporation submits this statement for the purpose of changing its registered the State of Florida, Such ghange was authorized by the corporation's board of directors. Thereby accept the appointment as registered the objiging first of Section 197,0505, ployled Statutes. SIGNATUR (NOTE: Registered Agent signature required when reinstating) 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS DELETE Addition Change TITLE 1.1 TO LE HAMPTON, KIM M NAME 1.2 NAME 1572 SUNSET DR STREET ADDRESS 1.3 STREET ADDRESS WINTER PARK FL 32789 CITY-ST-ZIP 14 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - S1 - ZiP DELETE Channe Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS DITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addili-TITLE 4.1 TITLE 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST- ZIP DELETE Change ___ Additi TITLE 5.1 TITLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 C(1Y - ST - ZIP TITLE DELETE 6.1 TITLE Change Additio NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

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 deport or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath, that I am an officer or director of the conforation 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, given an attachment with an address.