

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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000091790

1. Corporation Name
HIPPO HOLDINGS, INC.

Principal Place of Business: **MOSLEY BUSINESS PARK, MOSLEY STREET, BURTON-UPON-TRENT, STAFFORDSHIRE DE14 1DW, ENGLAOC**
Mailing Address: **ONE EAST BROWARD BLVD, SUITE 1300, FORT LAUDERDALE FL 33301**

21	22	23	24	25	26	27	28	29	30
2. Principal Place of Business					2a. Mailing Address				
Suite, Apt. #, etc.					Suite, Apt. #, etc.				
City & State					City & State				
Zip					Zip				
Country					Country				

9. Name and Address of Current Registered Agent

**INTRASTATE REGISTERED AGENT CORPORATION
SUITE 3000
701 BRICKELL AVENUE
MIAMI FL 33131**

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

FL

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 date of application

(NOTE: Register (A) or (B) signature to be used in Block 12 or 13)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PTD	[] DELETE
NAME	JACKSON, GRAHAM	
STREET ADDRESS	MOSLEY BUSINESS PARK, MOSLEY STREET	
CITY-ST-ZIP	STAFFORDSHIRE DE14 1DW, ENGLAOC	
TITLE	VPS	[X] DELETE
NAME	STONE, TONY	
STREET ADDRESS	MOSLEY BUSINESS PARK, MOSLEY STREET	
CITY-ST-ZIP	STAFFORDSHIRE DE14 1DW, ENGLAOC	
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	D	[] Change [X] Addition
12 NAME	Chester Hunt	
13 STREET ADDRESS	Mosley Business Park, Mosley Street	
14 CITY-ST-ZIP	Burton-Upton-Trent, Staffordshire DE14 1DW England	
21 TITLE	VPD	[X] Change [] Addition
22 NAME	Graham Jackson	
23 STREET ADDRESS	Mosley Business Park, Mosley Street	
24 CITY-ST-ZIP	Burton-Upton-Trent, Staffordshire DE14 1DW England	
31 TITLE	PD	[] Change [X] Addition
32 NAME	John Weber	
33 STREET ADDRESS	Mosley Business Park, Mosley Street	
34 CITY-ST-ZIP	Burton-Upton-Trent, Staffordshire DE14 1DW England	
41 TITLE	TD	[] Change [X] Addition
42 NAME	David Dixon	
43 STREET ADDRESS	Mosley Business Park, Mosley Street	
44 CITY-ST-ZIP	Burton-Upton-Trent, Staffordshire DE14 1DW England	
51 TITLE		[] Change [] Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		[] Change [] Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/99 954-952-9399

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