

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

FILED
Jan 23 1998 8:00am
Secretary of State

DOCUMENT # P97000008816 (5)

1. Corporation Name
H.I.P GROUP, INC.



Principal Place of Business
5516 AVENIDA DEL MARE
SARASOTA FL 34242

Mailing Address
5516 AVENIDA DEL MARE
SARASOTA FL 34242

DO NOT WRITE IN THIS SPACE

| | | | | | |
|--------------------------------|---------------------|---------------------|---------------------|--|---|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 01/24/1997 | |
| 21 | Suite, Apt. #, etc. | 26 | Suite, Apt. #, etc. | 4. FEI Number 65-0731331 | Applied For Not Applicable |
| 22 | City & State | 27 | City & State | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| 23 | Zip | 28 | Zip | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| 24 | Country | 29 | Country | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

| | | | |
|--|--|--|----------|
| 9. Name and Address of Current Registered Agent CRAVENS, CHERYL 5516 AVENIDA DEL MARE SARASOTA FL 34242 | | 10. Name and Address of New Registered Agent | |
| 81 | Name | CHERYL DALZELL {NAME CHANGE ONLY - MARRIED} | |
| 82 | Street Address (P.O. Box Number is Not Acceptable) | 5516 AVENIDA DEL MARE | |
| 83 | | | |
| 84 | City | 85 | Zip Code |
| | SARASOTA | | FL 34242 |

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 Cheryl E. Dalzell DATE 1/14/98
(NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-----------------------|---|-----------------|
| TITLE | PSD | 1.1 TITLE | |
| NAME | CRAVENS, CHERYL | 1.2 NAME | DALZELL, CHERYL |
| STREET ADDRESS | 5516 AVENIDA DEL MARE | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | SARASOTA FL 34242 | 1.4 CITY-ST-ZIP | |
| TITLE | VTD | 2.1 TITLE | |
| NAME | SCHRAMM, AMIE | 2.2 NAME | |
| STREET ADDRESS | 5516 AVENIDA DEL MARE | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | SARASOTA FL 34242 | 2.4 CITY-ST-ZIP | |
| TITLE | | 3.1 TITLE | |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | | 4.1 TITLE | |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | |
| 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: Cheryl E. Dalzell DATE: 1/14/98
CHERYL DALZELL
PRESIDENT

CR2E034 (10/97)