

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

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Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90251 050 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000008816

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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2712 PURSELL CIRCLE Suite, Apt. #, etc.	2a. Mailing Address 26 2712 PURSELL CIRCLE Suite, Apt. #, etc.
22 City & State 23 SARASOTA FLORIDA Zip Country 24 34232 25 USA	27 City & State 28 SARASOTA FLORIDA Zip Country 29 34232 30 USA

3. Date Incorporated or Qualified 01/24/1997	Applied For <input type="checkbox"/> No Applicable
4. FEI Number 65-0731331	
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 owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**DALZELL, CHERYL
5516 AVENIDA DEL MARE
SARASOTA FL 34242**

10. Name and Address of New Registered Agent
81 Name CHERYL E. DALZELL
82 Street Address (P.O. Box Number is Not Acceptable) 2712 PURSELL CIRCLE
83
84 City SARASOTA
85 Zip Code FL 34232

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* **CHERYL DALZELL - P/S/D** **4-10-99**
(Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE)

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE PSD	NAME DALZELL, CHERYL	
STREET ADDRESS 5516 AVENIDA DEL MARE		
CITY-STATE-ZIP SARASOTA FL 34242		
TITLE VTD	NAME SCHRAMM, AMIE	<input type="checkbox"/> DELETE
STREET ADDRESS 5516 AVENIDA DEL MARE		
CITY-STATE-ZIP SARASOTA FL 34242		
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.1 TITLE PSD	NAME DALZELL, CHERYL	
1.2 STREET ADDRESS 2712 PURSELL CIRCLE		
1.3 CITY-STATE-ZIP SARASOTA, FL 34232		
2.1 TITLE VTD	NAME DALZELL, TRACY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 STREET ADDRESS 2712 PURSELL CIRCLE		
2.3 CITY-STATE-ZIP SARASOTA, FL 34232		
3.1 TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 STREET ADDRESS		
3.3 CITY-STATE-ZIP		
4.1 TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 STREET ADDRESS		
4.3 CITY-STATE-ZIP		
5.1 TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 STREET ADDRESS		
5.3 CITY-STATE-ZIP		
6.1 TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 STREET ADDRESS		
6.3 CITY-STATE-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, with all other like empowered.

SIGNATURE: *Cheryl E. Dalzell* **CHERYL E. DALZELL** **4/10/99** **941-378-4849**
(Signature, typed or printed name of signing officer or director Date Daytime Phone #)

CR2E034 (11/98)