

FILE NOW: FILING FEE AFTER MAY 15

FILED
Jul 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEP. _____, STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000066544**
1. Corporation Name:
HBP STORE, INC.

Principal Place of Business: **670 E. VINE ST.**
Mailing Address: **KISS IMMEE FL. 34744**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21	DO -	26	DO -	99-3463251		☐ Not Applicable	
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired		☐ \$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution		☐ \$5.00 May Be Added to Fees	
24. Zip		29. Zip		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.		☐ Yes ☐ No	
25. Country		30. Country					

9. Name and Address of Current Registered Agent

HIMAXI PATEL
AS ABOVE

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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 is not applicable) (NOTE: Registered Agent signature required when resigning) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	HIMAXI PATEL	1.2 NAME	PRESIDENT
STREET ADDRESS	→	1.3 STREET ADDRESS	670 E. Vine St
CITY-STATE-ZIP		1.4 CITY-STATE-ZIP	Kissimmee-FL-34744
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	PARUL AMIN	2.2 NAME	Secretary
STREET ADDRESS	→	2.3 STREET ADDRESS	670 E. Vine St
CITY-STATE-ZIP		2.4 CITY-STATE-ZIP	Kissimmee-FL-34744
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-STATE-ZIP		3.4 CITY-STATE-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	800002579848
STREET ADDRESS		6.3 STREET ADDRESS	-07/06/98--01007--022
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	***150.00

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: **Parul Amin** 5/21/98

CR2E034 (10/97)