

0165297

04-29-1999 90257 023 \*\*\*150.00



1. Corporation Name  
**HOT SEX, INC.**

Principal Place of Business  
6363 SW SECOND STREET  
MARGATE FL 33068

Mailing Address  
6363 SW SECOND STREET  
MARGATE FL 33068



3. Date Incorporated or Qualified  
08/29/1997

21	Suite, Apt. #, etc.	20	Suite, Apt. #, etc.
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23 2012 RELEASE UNDER E.O. 14176 28

27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100																										
9. Name and Address of Current Registered Agent																																																																																																			

5. Certificate of Status Desired	<input type="checkbox"/>	<b>\$8.75</b> Additional
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Trust Fund Contribution		\$0.00 May 20
		Added to Fees

10. Name and Address of New Registered Agent

10. Name and Address of New Registered Agent	
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81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

SIGNATURE

DATE \_\_\_\_\_

13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
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1.1 TITLE	P/C/D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
1.2 NAME	Pendola, Christopher G		
1.3 STREET ADDRESS	6363 SW 2nd St		
1.4 CITY-ST-ZIP	Margate FL 33068		

2.1 TITLE	✓	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
2.2 NAME	Pendola, Marshal		
2.3 STREET ADDRESS	6363 S W 2nd St		
2.4 CITY-ST-ZIP	Margate FL 33067		

3.1 TITLE	S	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
3.2 NAME	Pendola, Rita, C		
3.3 STREET ADDRESS	3244 N.W. 104 terrace		
3.4 CITY-ST-ZIP	SUNRISE FL 33351 33351		

4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			

5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			

6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

**SIGNATURE:**

4/24/99

954-729-3977

Date \_\_\_\_\_

Daytime Phone # \_\_\_\_\_

CR2E034 (11/98)