## 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

DOCUMENT # P97000086345 (0)

12 or Block 13 if onlynged, or on an attachment with an address.

HOT SPOT CHARTER, INC.

Principal Place of Business

4300 SHERIDAN STREET SUITE 307 Mailing Address

4300 SHERIDAN STREET SUITE 307

## FILED Apr 29 1998 8:00am Secretary of State



HOLLYWOOD FL 33021 DO NOT WRITE IN THIS SPACE HOLLYWOOD FL 33021 3. Date Incorporated or Qualified 10/07/1997 Principal Place of Business 4. FEI Number Applied For cheridan St Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required \$5.00 May Be 6. Election Campaign Financing Added to Fees Trust Fund Contribution 8. This corporation owes or has paid the current year Intangible Broward 29 30 Personal Property Tax due June 30. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent AMERILAWYER CHARTERED 81 Name 343 ALMERIA AVENUE 82 CORÁL GABLES FL 33134 84 City 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 laminar with, and accept the oppligations of, Section 607.0505 Blorida Statutes. SIGNATURE NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12, OFFICERS AND DIRECTORS 13. ☐ Addition DELETE Change 1.1 TOTALE TITLE Teplicki, jesse a 1.2 NAME 4300 SHERIDAN STREET STREET ADDRESS 1.3 STREET ADDRESS HOLLYWOOD FL 33021 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition DELETE Change 2.1 TITLE TEPLICKI, BRENDA L 2.2 NAME 4300 SHERIDAN STREET 2.3 STREET ADDRESS **TREET ADDRESS** HOLLYWOOD FL 33021 2. 4 CITY-ST-ZIF ITY-ST-ZIP DELETE Change Addition 3.1 TITLE ITLE 3.2 NAME **TREET ADDRESS** 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP TY-ST-ZIP DELETE Change Addition 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS ESS 4.4 CITY-ST-ZIP Y-ST-ZIP Addition DELETE 5.1 TITLE Change 5.2 NAME 5.3 STREET ADDRESS DRESS 5.4 CITY - ST - ZIP ST-ZIP Change Addition DELETE 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS ADDRESS 6.4 CITY - ST - ZIP aby 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 ited 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 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