## DOCUMENT # P97000089153 FILED Sep 18, 2000 8:00 am Secretary of State HAMPTON & ASSOCIATES INC. 04-28-2000 90026 024 \*\*\*150.00 Principal Place of Business Mailing Address 470 ANSIN BLVD., STE. H 470 ANSIN BLVD., STE, H HALLANDALE FL 33009-5857 HALLANDALE FL 33009-3115 3. Mailing Address 2. Principal Place of Business 301 Goldan 301 (50 Ideal IS 68 DR Suite, Apt. #, etc. Suite, Apt. #, etc. 4-101 45-101 City & State City & State Applied For 4. FEI Number 65-0802458 HALLANDALE HALLANDALL Not Applicable Country Country \$8.75 Additional SA 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HAMPTON, RALPH E Street Address (P.O. Box Number is Not Acceptable) 301 GOLDEN ISLES DR., UNIT 101 **IIALLANDALE FL 33009-5857** City Zip Code FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. DATE (NOTE, Registered Agent alignature required when reinstating) spent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Foos (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS Addition THILE Detete TITLE ☐ Change NAME NAME HAMPTON, CAOLYN STREET ADDRESS STREET ADDRESS 301 GOLDEN ISLES DRIVE #101 CITY-ST-ZIP CITY-ST-ZIP HALLANDALE FL 33009 RALPH E. HAMPTON I PRES TITLE Change ШŢ NAME 301 GOIDEN ISIES DR #101 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-218 nne Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete RILE THE NAME NAMI STREET ADDRESS STHELT ADDRESS CITY-S1-ZIP CHY-SY-ZIP ☐ Delete TITLE ☐ Addition 7171 E WHE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition [ Change TITLE Delete TITLE

13. I horeby 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 report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am an efficer 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

DIGNATURE AND TYPED OFF PRINTED NAME OF BIGHING OFFICER OR DIRECTOR

415/00

9544562340

2E034 (9/99)

## Attachment DOC # P97000089153

## ABC BOOKKEEPING SERVICE 4435 SW 26<sup>TH</sup> AVENUE FT LAUDERDALE FL 33312

SEPTMBER 8, 2000

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS P O BOX 6327 TALLAHASSEE FL 32314

- ATTN: REINSTATEMENT DIVISION HAMPTON & ASSOCIATES INC P97000089153

YOUR LETTER MAY 4, 2000, AND OUR TELEPHONE CONVERSATION WITH YOUR OFFICES.

THE CORPORATE ANNUAL REPORT WAS MAILED BACK TO YOUR OFFICES WITH THE CORRECTIONS THAT YOU REQUESTED AND PAYMENT WAS RECEIVED BY YOUR OFFICES WITH THE FIRST ANNUAL REPORT.

WE HAVE BEEN ADVISED THAT YOUR OFFICE DID NOT RECEIVE THE REPORT THAT ANSWERED YOUR MAY 4 LETTER. WE ARE ENCLOSING ANOTHER COPY AND SENDING VIA CERTIFIED MAIL. WE RESPECTFULLY REQUEST THE CORPORATION BE REINSTATED AND WAIVE ANY PENALTIES, SINCE WE DID RESPOND IN A TIMELY MANNER.

THANK YOU FOR YOUR ANTICIPATED COOPERATION IN THIS MATTER.

SHARON KRAFT

ABC BOOKKEEPING SÉRVICE

FOR THE FIRM

CC: R.E. HAMPTON, PRES.