


**FILED**  
**Apr 23, 1999 8:00 am**  
**Secretary of State**


04-23-1999 90055 038 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>
<b>DOCUMENT # P98000048278</b>		
1. Corporation Name <b>I.H.P.M., INC.</b>		

Principal Place of Business 30 CAMP CREEK RD., APT. 1 SANTA ROSE BCH FL 32459	Mailing Address 30 CAMP CREEK RD., APT. 1 SANTA ROSE BCH FL 32459
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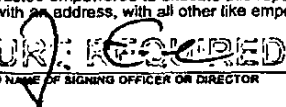
DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>05/29/1998</b>		4. FEI Number <b>59-3577642</b>	Applied For Not Applicable
2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
22 City & State <b>Santa Rosa Beach, FL</b>	27 City & State <b>Santa Rosa Beach, FL</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
23 Zip <b>32459</b>	28 Zip <b>32459</b>	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 <b>WATSON, FRANKLIN H</b> <b>4935 E. HWY. 30-A, SUITE 5</b> <b>SEAGROVE BCH FL 32459</b>		10. Name and Address of New Registered Agent 81 Name <b>P. Colleen Coffield</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>1719 S. Co. Hwy 393</b> 83 84 City <b>Santa Rosa Beach</b> FL 85 Zip Code <b>32459</b>	
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 		DATE <b>4/12/99</b>	

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KAPUSTA, SUSANN</b>	1.2 NAME	
STREET ADDRESS	<b>NIEDERRHEINSTR. 247</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>D-4-474 DUSSELDORF</b>	1.4 CITY-ST-ZIP	
TITLE	<b>PVST</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ERCK, JORN P</b>	2.2 NAME	
STREET ADDRESS	<b>30 CAMP CREEK RD., APT. 1</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SANTA ROSE BCH FL 32459</b>	2.4 CITY-ST-ZIP	<b>Santa Rosa Beach, FL 32459</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ERCK, JORN P</b>	3.2 NAME	
STREET ADDRESS	<b>30 CAMP CREEK RD., APT. 1</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SANTA ROSE BCH FL 32459</b>	3.4 CITY-ST-ZIP	<b>Santa Rosa Beach, FL 32459</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-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:

SIGNATURE: 

4/12/99

850 622 1141

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)