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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H51213

Hubert	ALLEN, INC.								
Principal Place	o of Business	Mailing Address			-		AN THE PRESENCE	1,4 6	(1)811 61611 1681
		P O BOX 5102							
P O BOX 5102									
US US						DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed			ſ
						04/08/1985			
2. Principal P	Place of Business	2a. Mailing Address				4. FEI Number		A	Applied For
21		26				59-2546610			lot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired			Additional
22		27				<u> </u>			Required
City & State	te	City & State				6. Election Campaign Financing			May Be
23	Carrie	28 7 0		untry		Trust Fund Contribution			to Fees
Žip	Country	Zip		Juliu y		8. This corporation owes the curre	ent year inta	Yes	□No
24	9. Name and Address of Currel	29 at Bonistored Agent	30	1		Personal Property Tax. 10. Name and Address of New R			
	9. Name and Address of Curren	iit Kegistered Agent		81	Name	to. Hand and Address of New I	iogistorou A	90	
	METT ABDONEY, ESQUIRE			82	Stroot Addr	ess (P.O. Box Number is Not Accepta	hla)		
	E. MADISON STREET SUITE 11	00		82	Street Addit	ess (F.O. BOX Number is Not Accepta			
TAM	IPA FL 33602			83					1
				84	City		FL	85 Zip	Code
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Sta	tutes, the a	above	-named corpo	oration submits this statement for the n's board of directors. I hereby accep	purpose of c	hanging it	s registered
office or re	registered agent, or both, in the State	of Florida. Such change wa	s authorize	d by t	the corporatio	on's board of directors. I hereby accep	t the appoint	tment as r	egistered
agent. I a	im familiar with, and accept the obliga	ations of, Section 607.0303,	Fionda Sta	itutes.					
agent. I a. SIGNATURE					_				
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (No	OTE: Registere	ed Agent	_	I when reinstating)	DATE		
SIGNATURE	Signature, typed or printed name of registered age OFFICERS AN	ent and title if applicable. (Ne	OTE: Registere	ed Agent	_		DATE		ORS IN 12
SIGNATURE 12. TITLE	Signature, typed or printed name of registered age OFFICERS AN	ent and title if applicable. (No	DTE: Registere 13.	ed Agent	_	I when reinstating)	DATE	DIRECT	ORS IN 12
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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: