

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000006039 (1)

1. Corporation Name

PROJECT H.U.G., INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 1 11 02:00

Principal Place of Business Mailing Address
**3000-66TH STREET NORTH
SUITE B
ST. PETERSBURG FL 33710** **3000-66TH STREET NORTH
SUITE B
ST. PETERSBURG FL 33710**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/08/1994	3a. Date of Last Report
4. FEI Number 59-3282 449	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

**CARREIRO, ROBERT D
3000-66TH STREET NORTH
SUITE B
ST. PETERSBURG FL 33710**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 607.0509 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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	WEIL, RICK
STREET ADDRESS	190-112TH AVENUE, NORTH, #210
CITY - ST - ZIP	ST. PETERSBURG FL 33716
TITLE	T
NAME	MARKOSI, TANYA
STREET ADDRESS	190-112TH AVENUE, NORTH, #210
CITY - ST - ZIP	ST. PETERSBURG FL 33716
TITLE	VP
NAME	WAYMON, RENEE
STREET ADDRESS	1930-26TH STREET SOUTH
CITY - ST - ZIP	ST. PETERSBURG FL 33712
TITLE	S
NAME	IADEVAIA, MARILYN T
STREET ADDRESS	5819-13TH AVENUE SOUTH
CITY - ST - ZIP	GULFPORT FL 33707
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Weil, Rick	
1.3 STREET ADDRESS	190-112th Avenue N. #210	
1.4 CITY - ST - ZIP	St. Petersburg, Florida 33716	
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	(Delete)	
2.4 CITY - ST - ZIP		
3.1 TITLE	VP D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Waymon Renee	
3.3 STREET ADDRESS	1930-26th Street South	
3.4 CITY - ST - ZIP	St. Petersburg, Florida 33712	
4.1 TITLE	S P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Iadevaia, Marlyn T.	
4.3 STREET ADDRESS	5819-13th Avenue South	
4.4 CITY - ST - ZIP	Gulfport - Florida 33707	
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		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Marlyn T. Iadevaia
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Marlyn T. Iadevaia 4-28-95 813-341-1144
Date (Typed Name #)