

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**APPROVED
AND
FILED**

95 JUL -6 AM 8:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # 415789 (7)

1. Corporation Name
AL HUTCHINSON ENTERPRISES, INC.

Principal Place of Business Mailing Address
**225 ALCAZAR AVENUE 225 ALCAZAR AVENUE
CORAL GABLES FL 33134 CORAL GABLES FL 33134**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **01/02/1973** 3a. Date of Last Report **01/25/1994**

2. Principal Place of Business 2a. Mailing Address

4. FEI Number **59-1448051** Applied For Not Applicable

21. State, Apt. #, etc. 26. State, Apt. #, etc.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

22. City & State 27. City & State

6. Update Last Report (to comply with Florida Statutes) **\$5.00 May Be Added to Fees**

23. City & State 28. City & State

8. The corporation has liability for intangible tax under s. 199, F.S., Florida Statutes Yes No

24. Country 25. Country 29. Country 30. Country

9. Name and Address of Current Registered Agent
**HUTCHINSON, ALBERT N.
225 ALCAZAR AVENUE
CORAL GABLES FL 33134-1401**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City **FL** 85. Zip Code

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 _____ (Signature) _____ (Typed Name of Registered Agent) _____ (Typed Name of Corporation)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HUTCHINSON, ALBERT N.
STREET ADDRESS	225 ALCAZAR AVE
CITY, ST, ZIP	CORAL GABLES FL
TITLE	ST
NAME	WILSON, BETTY J.
STREET ADDRESS	310 SW 64TH COURT
CITY, ST, ZIP	MIAMI FL
TITLE	VD
NAME	RUDICK, LEE
STREET ADDRESS	9850 SW 69 AVE
CITY, ST, ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONAL OFFICERS AND DIRECTORS

11. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME		
13. STREET ADDRESS		
14. CITY, ST, ZIP		
21. TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME		
23. STREET ADDRESS		
24. CITY, ST, ZIP		
31. TITLE	VP, D, Secretary	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32. NAME	RUDICK, LEE	
33. STREET ADDRESS	7200 SW 129 STREET, MIAMI, F1 33156	
34. CITY, ST, ZIP		
41. TITLE	Treasurer, Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42. NAME	David W. Cash	
43. STREET ADDRESS	2305 SW 183 Terrace, Miramar, F1 33029	
44. CITY, ST, ZIP		
51. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME		
53. STREET ADDRESS		
54. CITY, ST, ZIP		
61. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME		
63. STREET ADDRESS		
64. CITY, ST, ZIP		

14. I 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)(b), 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 the attached form with an address.

SIGNATURE: _____ (Signature) _____ (Typed Name of Signing Officer or Director) **LEE RUDICK** (305) 446-4690

CR2E034 (3/95)