FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #1. Corporation Name

(4)

HUBBARD INTERNATIONAL, INC.

FILED Feb 11 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						-{	ZUTII AYOK ÜIĞIL DI	(Est fiffit IAT)		
1621 S. DIXIE HWY POMPANO BCH. FL 33060 US		1621 S POMPA	1621 S. DIXIE HWY POMPANO BCH. FL 33060 US				DO NOT WRITE IN THE	S SPACE		
							3. Date Incorporated or Qualified 03/15/1973			
2. Principal P	lace of Business	2a. Mailin	2a. Mailing Address				4. FEI Number	Ap	plied For	
21		26					59-1469586		t Applicable	
Suite, Apt. #, etc		Suite,	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 A Fee Re		
City & State		City 8	City & State				6. Election Campaign Financing . \$5.00 May Be Trust Fund Contribution			
Zip	Country Zip			Cou	ıntry		8. This corporation owes or has paid the current year Intangible			
24	26 29 30			Personal Property Tax due June 30. 🔀 Yes 🔲 No						
g. Name and Address of Current Registered Agent							10. Name and Address of New Registered Agent			
Hubbard, Lyra L.					81	Name			•	
1709 GRANADA BLVD.					82	Street Addre	dress (P.O. Box Number is Not Acceptable)			
C	CORAL GABLES FL 33134				83		\$100 - 4 TO - 100			
					04	Cit.		ar Zin (Codo	
					84	City	F		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 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 a agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes.								s registered registered		
SIGNATURE										
SIGNATURE	Signature, typod or pointed name of requirement to	gerit aret fda af njoj bes	ible (NC	TE Registere	d Ager	nt signature require	od when reinstating) DATE			
12.		NO DIRECTORS		13.			ADDITIONS/CHANGES TO OFFICERS A			
TITLE	PVTD		DELETE	111	ITLE			L. Change	☐ Addition	
NAME	HUBBARD, LYRA L.		12 N		AMÉ					
STREET ADDRESS	1709 GRANADA BLVD.					ADDRESS			į	
CITY-S1-ZIP	CORAL GABLES FL				ITY-ST	r-ZIP		☐ Change	☐ Addition	
TITLE			[] DELETE	21 T				L Change	☐ Addition	
NAME	1			22 N					i	
STREET ADORESS						ADDRESS			1	
TITLE	CITY-ST-2IP DELETE				2 4 CITY-ST-ZIP 3.1 TITLE			Change	Addition	
NAME				3.2 N						
STREET ADDRESS						ADDRESS				
CITY-ST-ZIP					CITY-S					
TITLE			DELETE	4.1 7				Change	Addition	
NAME				4, 21	NAME				1	
STREET ADDRESS						ADORESS			1	
CITY-ST-ZIP					1TY - ST					
TITLE		····	DELETE	5.1 T				Change	☐ Addition	
NAME				5.2 N	AME					
STREET ADDRESS				5.3 \$	TREET	ADDRESS .				
CITY-ST-ZIP				5.4 C	ITY-ST	-ZIP				
TITLE			DEL é te	6.1 T	ITLE			Change	Addition	
NAME				6.2 N	AME					
STREET ADDRESS				6.3 S	TREET	address				
CITY-ST-ZIP				6.4 0	ITY-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 informatio indicated on this annual report or supplemental airmal 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 an on an attraction with an address.

Hibbard Dresident 1/16/98 954-783-1932