

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED
AND
FILED

1997 JUL 25 PM 12:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 660228 (8)
1. Corporation Name
JOE HUGHES & ASSOCIATES, INC.

Principal Place of Business Mailing Address
5119 BELVEDERE ROAD, HAVERHILL
C/O JOSEPH E. HUGHES
WEST PALM BEACH FL 33415
5119 BELVEDERE ROAD, HAVERHILL
C/O JOSEPH E. HUGHES
WEST PALM BEACH FL 33415

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/24/1980	3a. Date of Last Report 01/23/1996
4. FEI Number 59-2148057	Applied For 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
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>NGE</i>	

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

9. Name and Address of Current Registered Agent

HUGHES SR., JOSEPH E
5119 BELVEDERE ROAD
WEST PALM BEACH FL 33415

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 JOSEPH E. HUGHES, SR.
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered agent signature required when reinstating)

DATE 7-22-97

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HUGHES SR., JOSEPH E	
STREET ADDRESS	5119 BELVEDERE ROAD	
CITY-ST-ZIP	W. PALM BEACH FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	HUGHES, JOSEPH E. SR.	
STREET ADDRESS	5119 BELVEDERE RD.	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	HUGHES, JOSEPH E. SR.	
STREET ADDRESS	5119 BELVEDERE RD.	
CITY-ST-ZIP	W PALM BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	400002255634--0
1.3 STREET ADDRESS	-08/01/97--01120--005
1.4 CITY-ST-ZIP	****165.00 ****165.00
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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 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.

JOSEPH E. HUGHES, SR.

CR2E034 (4/97)

(2)

3389	BAL BRO'T FORD	200	20
12-76	18 96		

7-22-97

I paid 1-3-97 - \$165.00
however I can't find a
correlated check.

Jeffrey

TO <i>B. A. County</i>	DEPOSITS		
FOR <i>Colleges attention</i>		450	20
	TOTAL	1498	34
	THIS CHECK	1558	34
	OTHER TRANS. +/-	258	50
	BALANCE	1299	84
TAX DEDUCTIBLE <input type="checkbox"/>			

3391	18 97		
TO <i>Dept of State</i>	DEPOSITS		
FOR <i>1997 Coporate</i>			
<i> filing fee</i>	TOTAL	1399	84
	THIS CHECK	165	00
	OTHER TRANS. +/-	1134	84
BALANCE			
TAX DEDUCTIBLE <input type="checkbox"/>			