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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 837923

(2)

HUMMINGBIRD PROPERTY CORPORATION

Principal Place of Business	Mailing Address
925 N. HALIFAX AVENUE	925 N. HALIFAX AVENUE
#1109	#1108
DAYTONA BEACH FL 32118	DAYTONA BEACH FL 32118-3778

FILED May 09 1997 8:00am Secretary of State



DAYTONA BEACH FL 32118		DAYTONA BEACH FL 32118-3778						
					 Date Incorporated or Qualified 02/25/1977 	3a. Date of 04/30/1	· ·	
2. Principal Place of Business 2a. Mailing Address				4. FEI Number		Applied For		
21 26					36-2877796		Not Applicable	
Sulte, Apt. #, etc. Su		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired		3.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing	\$	5.00 May Be		
23		28			Trust Fund Contribution		Added to Fees	
Zip	Country	Zip	rip Country		8. This corporation has liability for intangible tax under s. 199.032,			
24	25	29	30		Florida Statutos 🔀 Yes 🗌 No			
	9. Name and Address of Current	t Registered Agent			10. Name and Address of New Reg	istered Agen	t	
PERI	RY, ARNOLD L		1	Name			1	
925 N. HALIFAX AVE. #1108			h	82 Street Address (P.O. Box Number is Not Acceptable)				
DAYTONA BEACH FL 32118								
				33				
			ļ	34 City		FL 85	Zip Code	
11 Purement	a the provisions of Sections 607 0502	and 607 1508 Florida Statu	ites the ah	ove-named c	progration submits this statement for the pr		noing its registered	
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 or printed name of registered against and title it applicable (NOTE Registered Agent signature required when reinstating) DATE								
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICE			
TITLE	PSD	DELETE	1.1 1178	€ .		Ш	Change [Addition]	
NAME	1 C((())) W ((1000 C)		1.2 NA	AE			5	
STREET ADDRESS	••• •• •• •• •• •• •• •• •• •• •• •• ••		1.3 \$16	EET ADDRESS			إإ	
CITY-ST-ZIP	DAYTONA BEACH FL			/-SI-7IP				
TITLE	SSD	[] DELETE 21		ļ			Change [_] Addition C	
NAME	PERRY, NAOMI		2.2 NA					
STREET ADDRESS	* * * * * * * * * * * * * * * * * * *			EET ADDRESS				
CITY-ST-ZIP TITLE	DAYTONA BEACH FL		2. 4 CIT	Y - S1 - 7(P			Change T Addition	
NAME		L. DULLIL					mange L_I Addition	
;)			3.2 NA	EET ADDRESS			}	
STREET ADDRESS				Y-SI-ZIP			İ	
CITY-ST-ZIP TITLE			4.1 701				Change [] Addition	
NAME			4. 2 NA				, ,	
STREET ADDRESS				FFT ADDRESS				
CITY-ST-ZIP				Y-\$1-ZIP				
TITLE			5.1 THI				Change Addition	
NAME	<u> </u>		5.2 NA	1		-	-	
STREET ADDRESS				LET ADDRESS				
CITY-ST-ZIP			1	Y-\$1-ZIP			Ì	
TITLE		DELETE	6.1 TH				Change	
NAME		_	6.2 NA				-	
STREET ADDRESS				EE1 ADDRESS				
CITY-ST-ZIP				Y - \$1 - Z(P				
	by certify that the information supplied	with this filing does not qua			led in Section 119 07(3)(i). Florida Statutes	L further cert	ify that the	

4. To hereby certify that the information supplied with this filling does not quality for the exemption stated in Section 119.07(3)(i). Florida Statules. 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 eath; 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 Statules; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CICNATURE.

Francis J. 16 m.

4/15/07

253-8928