1999

DOCUMENT #

1. Corporation Name

STREET ADDRESS

CITY-ST-ZIP



851800

FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90028 044 \*\*\*158.75

CALIFORNIA FLORIDA CORPORATION									
Principal Place	of Business	Mailing Address	,			-	HII OBN UNUN O	HARI DIBIL BYDY) DI	Bit gibit iont
330 ISLAND ROAD 330 ISLAND ROAD PALM BEACH FL 33480 PALM BEACH FL 33480						DO NOT WRITE IN THIS SPACE			
	•					3. Date Incorporated or Qualifed	•		
						02/09/1982			
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number		App	lied For
21	•	26				52-0793121			Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	<b>–</b>			5. Certifcate of Status Desired	×	\$8.75 Additional Fee Required	
City & State	City & State -	ity & State -			6. Election Campaign Financing	m ·	\$5.00	May Be	
23	28				Trust Fund Contribution		Added to	Fees	
Zip	Country	Zip	Count	ry		8. This corporation owes the current year Intangible			
24	25	29	0			Personal Property Tax.			□No □
	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New F	Registered	Agent	
81 Name									1
HUFTY, PAGE				82 Street Address (P.O. Box Number is Not Acceptable)					
330 ISLAND ROAD			L						
PALM BEACH FL 33480				13					}
				4 City				85 Zip C	ode
							FL	.     '	
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.									egistered istered
SIGNATURE							DATE		\
				gent signature i	required	when reinstating) ADDITIONS/CHANGES TO OF		ID DIRECTO	DS IN 12
12.		D DELETE	13.		Ī	ADDITIONS/CHANGES TO OF	FICERS AF	☐ Change	Addition
1	PD NICE		1.2 NAM						_
NAME	TIOL 11, 1 AGE								
STREET ADDRESS	000 100 110 110			1.3 STREET ADDRESS 1.4 CITY-ST-ZIP					}
CITY-ST-ZIP	PALM BEACH FL 33480	☐ DELETE	2.1 TITL					☐ Change	Addition
TITLÉ	AST					•			_
NAME	LEIDY, FRANCES HUFTY			2.2 NAME					
STREET ADDRESS 105/133, 700 W. DOWNINGTOWN PIKE				2.3 STREET ADDRESS					{
CITY-ST-ZIP	WEST CHESTER PA 19380		2. 4 CITY+ST-ZIP 3.1 TITLE		-			☐ Change	Addition
TITLE	VIV		3.2 NAM	-				, <b>–</b> •	•
NAME CERTAIN NAME	HUFTY, FRANCES ARCHBOLD			3.3 STREET ADDRESS					\
STREET ADDRESS	330 ISLAND RD. PALM BEACH FL 33480		1	3.4. CITY-ST-ZIP					1
CITY-ST-ZIP	AST DELETE			3.4. CITT-51-ZIP				☐ Change	Addition
NAME			4. 2 NAA					_ •	
STREET ADDRESS	HUFTY, PAGE LEE			4.2 NAME 4.3 STREET ADDRESS					
	340 ISLAND RD			4.3 STREET ADURESS					
CITY-ST-ZIP TITLE	PALM BEACH FL 33480	☐ DELETE	5.1 TITL		<del> </del> -			Change	Addition
	AST COUNTY	value	5.2 NAM				:		1
NAME STORET ADDOCSS	HUFTY, JOHN A.			- EET ADDRESS					
STREET ADDRESS 1152 LAKE CLARKE DR			5.4 CITY			عداد الله الله الله الله الله الله الله ا		- 6   1   12 	المغين
CITY-ST-ZIP TITLE	W PALM BEACH FL			6.1 TITLE				Change	Addition
1	ATS		6.2 NAM						_
NAME	HUFTY, MARY PAGE				1				

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 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 changes, or on an attachment with an address, with all other like empowered.

SIGNATURE

257 MAPACHE DR.

**PORTOLA VALLEY CA 94028** 

Frances A. Hufty Vice President

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

2/1/99

(561)655-6760