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

**PROFIT CORPORATION ANNUAL REPORT** 1998

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

**FILED** 

May 12 1998 8:00am

Secretary of State

Principal Place % HARL HUG 1503 E COMI		Mailing Address  * HARL HUGHES  1503 E COMMERCIAL BL FT LAUDERDALE FL 333				DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified  06/05/1981	
2. Principal P	lace of Business	2a, Mailing Address				4. FEI Number Applied Fo	r
21		26	3			<b>59-2087334</b> Not Applica	able
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired  \$8.75 Additional	af
22		27				Fee Required	$\dashv$
City & State	e	City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip	Country Zip			itry		8. This corporation owes or has paid the current year Intangible	$\neg \neg$
24	25	29	30	•		Personal Property Tax due June 30. Yes No	
	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New Registered Agent	
HU	IGHES, HARL		1	81	Name		
	03 E COMMERCIAL BLVD.		1	82	Street Addre	ess (P.O. Box Number is Not Acceptable)	$\neg$
FT	LAUDERDALE FL 33308						
			ľ	83			1
			Ī	84	City	FL 85 Zip Code	
11. Pursuant office or ragent. I a						oration submits this statement log the purpose of changing its register on's board of directors. I hereby accept the appointment as registered	ed ed
	Signature, typed or printed name of registered age OFFICERS ANI		TE Registered	Age	nt signature require	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.	DP OFFICERS AND	DELETE	1.1 10	l F		Change Adv	-
NAME	HUGHES, HARL			ME			
STREET ADDRESS	5156 NE 3RD TERRACE		1.3 STF	1.3 STREET ADDRESS		4	
City-ST-ZIP			1.4 CIT	Y-5	T-ZIP		
TITLE	D	☐ DELETE	2.1 TIT	LE		Change L. Add	dition
NAME	110 011 1001 1001 1100		2.2 NA	ME			
STREET ADDRESS	5156 NE 3RD TERRACE			2.3 STREET ADDRESS			
CITY-ST-ZIP	FT LAUDERDALE, FL 00000			2.4 CiTY-ST-ZIP		Change Add	dition
TITLE				3.1 TITLE		Fi cusulle Fi voi	24100
NAME OTREET ADDRESS	ĺ		3.2 NA		ADDRESS		
STREET ADDRESS CITY-ST-ZIP			3 4. CI				
TITLE		DELETE 4.1			Ct. 47.	Change Add	dition
NAME			4. 2 NA	ME			
STREET ADDRESS			4.3 ST	REET	ADDRESS		
CITY-SI-ZIP			4.4 CIT	Y-\$	iT-ZIP		
TITLE		☐ DELETE	5.1 TIT		j	[_] Change  ] Adv	ldition
NAME			5.2 NA				
STREET ADDRESS					ADORESS		
CITY-ST-ZIP				ITY-ST-ZIP		☐ Change ☐ Ad	dition
TITLE				6.1 TITLE 6.2 NAME		_ 575-96	
NAME STREET ADDRESS					ADDRESS		
CITY-ST-ZIP			6.4 CIT				
	certify that the information supplied w	ith this filing does not qualify	for the eve	mn	tion stated in	Section 119.07(3)(i), Florida Statutes. I further certify that the informa	ition
indicated	I on this annual concert or europlomonts	al annual report is true and ac eiver or trustee empowered to	curate and	i th:	at my sionatur	re shall have the same legal effect as if made under oath; that I am a uired by Chapter 607, Florida Statutes; and that my name appears in	an I