PROFIT CORPORATION ANNUAL REPORT

1999



FAIRIDA DEPARTMENT OF STATE

Kathe ine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # F9600005608

HUNT CLUB, INC.

Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90204 046 ***150.00

District District Continues	Mailing Address			
Principal Piace of Business	L COM MODEL MINISTERIOR	ME 90 & Pine SE	7	
conc. (Mailing Address 6201 NORTH WINTHROP AVENUE 90 6 PA SUFFET Zions VIIILE, TA INDIANAPOLIS IN 40220		DO NOT WRITE IN THIS SPACE	
INDIANAPOUS IN 16220 LIGAS Y! !!	A 17	46077	3. Date ir corporated or Qualifed	
, The 40		•	10/28/1996	
2. Principa Place of Business	2a. Mailing Address		4. FEI Number	Applied For
	26		35-18 19885	Not Applicable
21 Suite, Apt. #, etc.	Suite, Apt. #, etc.			\$8.75 Additional_
	27		"5. 'Certificate of Status Desired	Fee Required
City & S ate	City & State		6. Electio i Campaign Financing	\$5.00 klay Be
23	28	_	Trust Fund Contribution	Added to Fees
Zip Country	Zlp	Country	8. This corporation owes the current year to	
24 25	29		Personal Property Tax.	☐ Yes ☐ Yo
9. Name and Address of Current	Registered Agent		10. Name and Address of New Registere	1 Agent
2 - 0		81 Name	T CORPORATION	\
KOLLAR, ROBIN C.T. Cori	pration Pine Island	82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
.5408-MARINA DR 1200 S.	tine Labord	1 1	12005. PING -	& LAMD
HOLMES BEACH FL 34217 Plant	ation. FL 333á	83		
	,	′ <u> </u>		85 Zip Code
		84 City PL	ANTAITION FI	L 133324
14 Discussion to the provisions of Sections 607,0502	and 601.1508, Florida Statutes	, the above-named co po	pration submit i this statement for the purpose :	of changing its migistered
11. Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State or	Florida Such change was aut	horized by the corporation	n's board of directors. I hereby accept the app	ontment as registered
agent. I am famillar with, and accept the congain	ris of Section Sur USOS. Ficha	San D Co	ves Asst. Sicity 5/12/5	5 . [
SIGNATUR : Spracure, typed or privile of ragin physicians again.	material annicable. (NOTE: R	agustered Agent signature required	I when reinstarting) DATE	
12. OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS /	
me P	DELETE	1.1 TITLE		☐ Change ☐ Addition
Farming Mrs		12 NAME		1
STREET ADDRESS 6201-N. WINTHROP 90 E	Pine St	1.3 STREET AODRESS		}
INDIANADOLIC-IN. 7	ille IN 46077	1.4 CITY - ST - ZIP		
TITLE INCOMPANY COSTA	☐ DELETE	2.1 TILE		Change Addition
KOENIG, JAMES GO	· · · · · · · · · · · · · · · · · · ·	22 NAME		ł
NAME RUENIG, JAMES 90 6.	Pine St	2.3 STREET ADDRESS		\
INDIAMADOLIO III	ille, IN 46077	2.4 CITY-ST-ZIP		
CITY-81-21-	☐ DELETE	31 TITLE		Change Addition
TIRE		3.2 NAME	ويتوسين والمستود والمستودين	
NAME		I i		·
STREET PURITES		3.3 STREET ADORESS		
CTTY-ST-ZIP	☐ DELETE	3.4. CITY-ST-ZIP		☐ Change ☐ Addition
TITLE	☐ DELETE	4.1 TM.E		
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADORESS		
CITY-ST-ZIP		44 CHY-ST-ZIP		☐ Change ☐ Addition
TITLE	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
-		5.2 NAME		j
(ACCALS)		5.3 STREET ADDRESS		
says ST-ZP		5.4 CITY+\$1-ZIP		
me	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	•	6.2 NAME		
STDECT ANNOES:		63 STREET ADDRESS		

64 CITY-ST-ZIP CITY-ST-ZP 14. I heraby certify that the information supplied with his filling does not qualify for the exemption stated in Section 119.07(:1)(i). Florida Statutes. I further ce tify 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 uncer oath; that I am an officer or director of the corporation or the receiver or trustee empowered to er ecute 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 attantinent with an appears, with all other like empowered.

SIGNATURE:

JAMES

THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TO THE