


FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90204 046 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F96000005608 1. Corporation Name HUNT CLUB, INC.			
Principal Place of Business 6201 NORTH WINTHROP AVENUE SUITE 1 INDIANAPOLIS IN 46220		Mailing Address 90 E Pine St SUITE 1 Zionsville, IN 46077	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country	
9. Name and Address of Current Registered Agent KOLLAR, ROBIN C.T. Corporation 5408 MARINA DR 1200 S. Pine Island HOLMES BEACH FL 33427 Plantation, FL 33324		10. Name and Address of New Registered Agent 81 Name C.T. CORPORATION 82 Street Address (P.O. Box Number is Not Acceptable) 1200 S. Pine Island 83 84 City PLANTATION FL 85 Zip Code 33324	
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: <i>[Signature]</i> Jeffrey R. Graves, Asst. Secretary 5/12/99 (NOTE: Registered Agent signature required when reappointing)			
12. OFFICERS AND DIRECTORS TITLE P <input type="checkbox"/> DELETE NAME FANNING, WA STREET ADDRESS 6201 N. WINTHROP CITY-ST-ZIP INDIANAPOLIS IN 46077		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 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	
TITLE KOENIG, JAMES <input type="checkbox"/> DELETE NAME STREET ADDRESS 90 E. Pine St CITY-ST-ZIP 6201 N. WINTHROP INDIANAPOLIS IN 46077			
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(1)(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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES KOENIG

Date

4/27/99 317-7339297

(daytime Phone)

CR2E034 (1/98)