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

PROFIT CORPORATION ANNUAL REPORT

1998



G51738

FLORIDA DE PARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

(4)

DOCUMENT # EDWARD HUGH, INC.

FILED Mar 06 1998 8:00am Secretary of State

| Principal Place of | Business | Mailing Addre | Mailing Address | | | | 21010 B1411 41911 41411 1841 |
|---|---------------------------------|---|--|--------------|----------------------------|---|---|
| 155 E. MORSE BLVD. WINTER PARK FL 32789 US | | | 155 E. MORSE BLVD. Winter Park FL 32789 US | | | DO NOT WRITE IN THIS SPACE | |
| | | | | | | 3. Date Incorporated or Qualified 07/28/1983 | , |
| 2. Principal Place of Business | | 2a. Mailing Ad | 2a. Mailing Address | | 4. FEI Number | Applied For | |
| 21 | | 26 | 26 | | | 59-0230414 | Not Applicable |
| Suite, Apt #, etc. | | Suite, Apt. | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| City & State | | City & Stat | City & State | | | Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| Z (p 24 | Country 25 | Ζφ 29 | 30 | untry | | This corporation owes or has paid the cur Personal Property Tax due June 30. | rent year Intangible Yes No |
| g. Name and Address of Current Registered Agent | | | | | | 10. Name and Address of New Registered | Agent |
| | TARA, JR., EDWARD | ,,, | | 81 | Name | | |
| 1900 PARK LAKE ST ORLANDO FL 32380 | | | | 82 | Street Add | ress (P.O. Box Number is Not Acceptable) | |
| Olion | 100 12 02000 | | | 83 | | | |
| | | | | 84 | City | FL | 85 Zip Code |
| Pursuant to the office or register. | stered agent, or both, in the S | .0502 and 607 1508, Flo tate of Florida, Such ch | ange was authorizi | bove d by | named corp the corporal | poration submits this statement for the purpose of tion's board of directors. I hereby accept the app | changing its registered ointment as registered |

| SIGNATURE | Signature: typed is protect name of registered agent and title if appl | licable (NOTE | Fingistered Agent signature requi | red when reinstating) DATE |
|----------------|--|---------------|-----------------------------------|---|
| 12. | OFFICERS AND DIRECTOR | {S | 13. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| TITLE | D | ☐ DELETE | 1.1 TITLE | ☐ Change ☐ Add |
| NAME | Lachtara, Jr., Edward | | 12 NAME | |
| STREET ADDRESS | 1900 PARK LAKE ST | | 1.3 STREET AUDRESS | |
| CITY-ST-ZIP | ORLANDO F. | | 1.4 CITY-ST-ZIP | |
| TITLE | PST | DELETE | 2.1 TITLE | Change Add |
| NAME | Lachtara, Jr., Edward | | 22 NAME | |
| STREET ADDRESS | 1900 PARK LAKE ST | | 2 3 STREET ADDRESS . | |
| CITY-\$1-ZIP | ORLANDO FL | | 2 4 CITY-ST-ZIP | |
| TITLE | | ☐ DELETE | 31 TITLE | ☐ Change ☐ Add |
| NAME | | | 3.2 NAME | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | | 3.4. CITY-ST-ZIP | |
| TITLE | | ☐ DELFTE | 4.1 TITLE | ☐ Change ☐ Add |
| NAME | | | 4. 2 NAME | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | |
| CITY-S1-ZIP | | | 4.4 CITY - ST - ZIP | |
| TITLE | | ☐ DELFTE | 5.1 TITLE | ☐ Change ☐ Add |
| NAME | | | 5.2 NAME | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | | 5.4 CITY - ST - ZIP | |
| TITLE | | DELETE | 6.1 TITLE | ☐ Change ☐ Ado |
| NAME | | | 6.2 NAME | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | |
| CITY_S1.7IP | | | 6.4 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(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 histen 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 artischingst with an address.