

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

FILED

Feb 04 1997 8:00am  
Secretary of State

PROFIT CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **G77545** (3)

1. Corporation Name  
**KENNETH HUNTER ENTERPRISES, INC.**



Principal Place of Business: **3356 PERIMETER DRIVE LAKE WORTH FL 33467**  
Mailing Address: **3356 PERIMETER DRIVE LAKE WORTH FL 33467-2067**

3. Date Incorporated or Qualified: **01/06/1984**  
3a. Date of Last Report: **05/01/1996**  
4. FEI Number: **59-2350103**  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent  
**HUNTER, ELAINE  
3356 PERIMETER DRIVE  
LAKE WORTH FL 33467**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code: **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.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	HUNTER, KENNETH	
STREET ADDRESS	3356 PERIMETER DR.	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	DSV	<input type="checkbox"/> DELETE
NAME	HUNTER, ELAINE	
STREET ADDRESS	3356 PERIMETER DR.	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	DTV	<input type="checkbox"/> DELETE
NAME	HUNTER, HARRY E.	
STREET ADDRESS	199 MILLTON AVE	
CITY-ST-ZIP	UNION NJ	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	HUNTER, NEIL S.	
STREET ADDRESS	58 TICETOWN RD.	
CITY-ST-ZIP	OLD BRIDGE NJ	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	<b>930 STUYVESANT AVENUE</b>
3.4 CITY-ST-ZIP	<b>UNION NJ 07083</b>
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	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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.

SIGNATURE: *[Signature]* HARRY E HUNTER  
Date: **1/13/97** Daytime Phone #: **561 439 4988**

CR2E034 (9/96)