FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

141

OCUMENT # H21709 (1) Corporation Name HUNT CONSULTING CORPORATION Mallow Address						
rincipal Place of B		Mailing Address 1830 HYPOLUXO RD) #B			
1830 HYPOLUXO LAKE WORTH FL	. 33462-4057	LAKE WORTH FL 33	3462-4057	3. Date Incorporated or Qualified	3a. Date of Last Report	
US		US		3. Date Incorporated or Qualified 09/19/1984	04/12/1995	
		Om Mairing Askel		4. FEI Number	Applied For	
. Principal Place	of Business	2a. Mailing Address 26		59-2456001	Not Applicable	
C.iv. Act # /	ate	Suite Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
- Suite, Apt. #. €]	ett.	27		6. Election Campaign Financing	\$5.00 May Be	
City & State		City & State		Trust Fund Contribution	Added to Fees	
City to Ottaile		28	Country	8 This corporation has liability for	intangible tax under s. 199.032,	
Zip	Country	Z _I p	Gountry 30	Florida Statutes Yes	s ∐ No	
	9. Name and Address of Curre	ent Registered Agent		10. Name and Address of New F	Registered Agent	
	a. Isamo ano Audress of Curre		81 Name			
LII BET A	LINIT D MARK			Address (P.O. Box Number is Not Acceptat	nble)	
HUNT,R. MARK 1830 HYPOLUXO RD SUITE B						
TITI UCOL	FL 33462		83			
LANTANA FL 33462			84 City	rporation submits this statement for the puboard of directors. I hereby accept the api	FL 85 Zip Code	
SIGNATURF		AND DIRECTORS	NOTE Encodered Agrid syndromic 13. 1 THILE	el and when rendering ADDITIONS/CHANGES TO OF	FFICERS AND DIRECTORS IN 12 Change Addition	
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NAME	HUNT, R. MARK 4331 HUNTING TRAIL	_	13 STHEFT ADDRESS			
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I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 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 certificity 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 certificity 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 certificity 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 certificity 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 certificities and the supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certificities and the supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certificities and the supplemental annual report is true and accurate and that my signature shall have the same legal effect as if the same leg

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR