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

PROFIT CORPORATION ANNUAL REPORT

1998

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

23

24

Zip



FLORIDA DEPARTMENT OF STATI Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H37140

(1)

2a. Mailing Address

City & State

Suite, Apt. #, etc.

R. J. HUFF AND ASSOCIATES, INC.

Country

9. Name and Address of Current Registered Agent

25

HUFF, RUSSELL J. 4062 KINGSTON TERRACE

Principal Place of Business Mailing Address

P.O. BOX 17276
SARASOTA FL 34276

Mailing Address

P.O. BOX 17276
SARASOTA FL 34276

26

29

## FILED Feb 05 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

8. This corporation owes or has paid the current year Intangible

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Yes Yes

941) 923-3600

Not Applicable

 Date Incorporated or Qualified 01/03/1985

59-2482203

5. Certificate of Status Desired

6. Election Campaign Financing

1/28/58

Personal Property Tax due June 30.

10. Name and Address of New Registered Agent

Trust Fund Contribution

4. FEI Number

82 Street Address (P.O. Box Number is Not Acceptable)

SARASOTA FL 34238					
		83			
		84	City	85 Zip Code	
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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 Stonature, typed or pripted name of recisioned agent and title if applicable (NOTE, Registered Agent signature required when reinstating)  DATE					
Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when rehistating)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS					.—
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		1.3 STREET ADDRESS			İ
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CITY-ST-ZIP		CITY-S			
14. I hereby certify that the information supplied with this filling 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 suppliemental 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.					

Country

81 Name

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