*SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1995.
AMOUNT DUE ON OR BEFORE 8/1/95: $235 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 JUL 18 AM 9:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J00794 (4)

1. Corporation Name
EXECUTIVE HUNTING, INC.

Principal Place of Business	Mailing Address
1917 PALM VISTA DR APOPKA FL 32712	1917 PALM VISTA DR APOPKA FL 32712

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/18/1986
3a. Date of Last Report: 04/12/1994

2. Principal Place of Business
21 831 RIVERBEND BLVD.
22 Suite, Apt. #, etc.
23 City & State: LONGWOOD, FLORIDA
24 Zip: 32779
25 Country: SEMINOLE

2a. Mailing Address
26 P.O. BOX 651
27 Suite, Apt. #, etc.
28 City & State: APOPKA, FLORIDA
29 Zip: 32704-0651
30 Country: ORANGE

4. FEI Number: 59-2654668 ☐ Applied For ☐ Not Applicable

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

9. Name and Address of Current Registered Agent
GOLDENBERG, CHARLES A.
1917 PALM VISTA DR
APOPKA FL 32712

10. Name and Address of New Registered Agent
01 Name: GOLDENBERG, CHARLES A.
02 Street Address (P.O. Box Number is Not Acceptable): 831 RIVERBEND BLVD.
03
04 City: LONGWOOD, 05 FL Zip Code: 32779

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: Charles A. Goldenberg — CHARLES A. GOLDENBERG, PRESIDENT 13 JULY 1995
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PRESIDENT/DIRECTOR	☒ Change ☐ Addition
NAME	GOLDENBERG, CHARLES A.	1.2 NAME	GOLDENBERG, CHARLES A.	
STREET ADDRESS	1917 PALM VISTA DRIVE	1.3 STREET ADDRESS	831 RIVERBEND BLVD.	
CITY-ST-ZIP	APOPKA FL	1.4 CITY-ST-ZIP	LONGWOOD, FLORIDA 32779	
TITLE	VPD	2.1 TITLE		☐ Change ☐ Addition
NAME	GOLDENBERG, AUBREY H.	2.2 NAME	SAME O.K.	
STREET ADDRESS	1912 BELMONT PLACE	2.3 STREET ADDRESS		
CITY-ST-ZIP	METAIRIE LA	2.4 CITY-ST-ZIP		
TITLE	STD	3.1 TITLE		☒ Change ☐ Addition
NAME	STEVENS, ROXANNE	3.2 NAME	DELETE MS. STEVENS FROM FILE	
STREET ADDRESS	2620 ATTLEBORO PLACE	3.3 STREET ADDRESS		
CITY-ST-ZIP	APOPKA FL	3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

CR2E034 (3/95)

14. 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)(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.

SIGNATURE: Charles A. Goldenberg — CHARLES A. GOLDENBERG, PRESIDENT 13 JULY 95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE

000440 CP