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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

J36176

(2)

FILED Mar 16 1998 8:00am Secretary of State

WILLIA	M HUTTON ASSOCIATES,	INC.					
Principal Plac	ce of Business	Mailing Address	Mailing Address			a semand einem stiem mitter semten einer mitter armes ander dieber feiter demn rede.	
340 ROYAL I PALM BEACH	POINCIANA PLAZA 1 FL 33480		340 ROYAL POINCIANA PLAZA PALM BEACH FL 33480			DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified	
}						,	
2. Principal F	Place of Business	2a. Mailing Address	_			10/03/1986 4. FEI Number Applied For	
21		 	26			59-2723578 Not Applica	nle
Suite, Apt.	#. etc		Suite, Apt. #, etc.			SR 75 Additional	
22		27	27			5. Certificate of Status Desired Fee Required	
City & Stat	le .	City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip	Country	Zip	C	ountry		8. This corporation owes or has paid the current year Intangible	
24	25	29	30			Personal Property Tax due June 30 Yes No	
	g, Name and Address of Curre	nt Registered Agent		Ţ.,		10. Name and Address of New Registered Agent	
METTLER, THOMAS M.				81	Name		
340 ROYAL POINCIANA PLAZA				82	Street A	Address (P.O. Box Number is Not Acceptable)	
PALM BEACH FL 33480							
				83			
				84	City	FL 85 Zip Code	
office or i	to the provisions of Sections 607.05 registered agent, or both, in the Statem familiar with, and accept the oblig	e of Florida. Such change v	vas authoriz	ed by	the corp	corporation submits this statement for the purpose of changing its registere poration's board of directors. I hereby accept the appointment as registered	i i
SIGNATURE							_
12.	Signature, typed or printed name of registered ag	ID DIRECTORS				e required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSTD	DELETE		TITLE		Change Addit	ion.
NAME HUTTON, WILLIAM III				NAME			
STREET ADDRESS 340 ROYAL POINCIANA PL.			1		ADDRESS		
CITY-ST-ZIP PALM BEACH FL			- 8	CITY-S	-		
TITLE		DELETE		TITLE		Change Additi	on
NAME			2.2	NAME			
STREET ADDRESS			238		ADDRESS		
CITY-ST-ZIP	2.4		2.4 CITY-ST-ZIP			ĺ	
TITLE		DELETE	3.1	TITLE		☐ Change ☐ Additi	on
NAME	33		32 NAME				
STREET ADDRESS	SS 33		3.3 STREET ADDRESS				
CITY-ST-ZIP			3.4. CITY-ST-ZIP		T-ZIP		
TITLE		DELETE	4.1 TITLE			☐ Change ☐ Additi	on
NAME			4.2	NAME			
CIDCET ADDDECC			12	CYDEET	ADDRESS	1	

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 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 great attacking it with an address.

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

DELETE

DELETE

Change

Addition

Addition