

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

FILED

Mar 12 1997 8:00am  
Secretary of State

|  |   |  |
|--|---|--|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br>1997 |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # J46624 (9)

1. Corporation Name  
HULL ISLAND CORPORATION

|   |  |
|---|--|
| Principal Place of Business<br>2009 MARDEN ROAD<br>P.O. BOX 1147<br>APOPKA FL 32704 | Mailing Address<br>2009 MARDEN ROAD<br>P.O. BOX 1147<br>APOPKA FL 32704-1147 |
|---|--|



|  |  |
|--|--|
| 2. Principal Place of Business<br>21<br>Suite, Apt. #, etc.<br>22<br>City & State<br>23<br>Zip<br>24 | 2a. Mailing Address<br>26<br>Suite, Apt. #, etc.<br>27<br>City & State<br>28<br>Zip<br>29<br>Country<br>30 |
|--|--|

|   |                                       |
|---|---------------------------------------|
| 3. Date Incorporated or Qualified<br>12/11/1986   | 3a. Date of Last Report<br>03/14/1996 |
| 4. FEI Number<br>59-2749277   | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/>  | \$8.75 Additional Fee Required        |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>   | \$5.00 May Be Added to Fees           |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                                       |

9. Name and Address of Current Registered Agent  
KATZ, LAWRENCE H.  
341 NORTH MAITLAND AVE  
MAITLAND FL 32751

|         |   |    |         |    |             |
|---------|---|----|---------|----|-------------|
| 81 Name | 82 Street Address (P.O. Box Number is Not Acceptable) | 83 | 84 City | FL | 85 Zip Code |
|---------|---|----|---------|----|-------------|

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                      | DPS <input type="checkbox"/> DELETE |
| NAME                       | ENGELMANN, HERMANN                  |
| STREET ADDRESS             | 2009 MARDEN RD.                     |
| CITY- ST- ZIP              | APOPKA FL                           |
| TITLE                      | <input type="checkbox"/> DELETE     |
| NAME                       |                                     |
| STREET ADDRESS             |                                     |
| CITY- ST- ZIP              |                                     |
| TITLE                      | <input type="checkbox"/> DELETE     |
| NAME                       |                                     |
| STREET ADDRESS             |                                     |
| CITY- ST- ZIP              |                                     |
| 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 type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME  |   |
| 3.3 STREET ADDRESS                                    |   |
| 3.4 CITY- ST- ZIP                                     |   |
| 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 submitted 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 on an attachment with an address.

SIGNATURE:  3.4.97 407.886.3434  
DATE Daytime Phone #

CR2E034 (9/96)