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PROFIT CORPORATION ANNUAL REPORT



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

DOCUMENT # 1. Corporation Name

J73153

(5)

	HURDLE'S BIG LEA	IGUE EXFERIENCE	:, INC.						
Principal Place	of Business	Mailing Add	dress				# 140#1 BP##F #P##	in ilii dinii dinii didii dibi	B
C/O BRUCE A. MITCHELL. ESO. C/O BRUCE A. MITC 1825 SOUTH RIVERVIEW DRIVE 1825 SOUTH RIVERY MELBOURNE FL 32901 MELBOURNE FL 32901									
MEEDOOM	. 12 02001	WILLDON	orine re desor			3. Date incorporated of 05/15/1987	or Qualified	3a. Date of Las 04/10	st Report /1995
2. Principal Pla	ace of Business	2a. Mailing	Address			4. FEI Number 59-284912	5		Applied For
21	U -6-	26		 		39 2049 12	.J	60	Not Applicable
Suite, Apt. #	r, etc.	27 Suite, P	.pt. #, etc.			5. Certificate of Status	Desired		.75 Additional ee Required
Crty & State		City & S	State			6. Election Campaign	Financing	_ \$5	5.00 May Be
23		28				Trust Fund Contribu	ition		dided to Fees
Ζιρ	Country	Zip		Country	'	8. This corporation ha			ers 199.032,
24	25	29	30	<u> </u>		Florida Statutes	Yes Yes		
	9. Name and Address of	f Current Registered A	gent		,	10. Name and Addres	s of New Re	egistered Agent	
				81	Name				
	ell, Bruce A. O. Riverview Drive			82	Street Ad	dress (P.O. Box Number is N	ot Acceptable	e)	
	URNE FL 32901			83					
,,,,,,,,,				84	City	, 		los I	Zip Code
								FL 85	.
11. Pursuant to	o the provisions of Sections 6	607.0502 and 607.1508,	Florida Statutes, the	e above-r	named corp	oration submits this statemen	nt for the purp	cose of changing	its registered office
or registere familiar wit	ed agent, or both, in the State h, and accept the obligations	e of Florida. Such change s of, Section 607.0505, Fk	was autnorizeo by orida Statutes.	the corp	oration s to	pard of directors, I hereby acc	ept the appo	untment as regist	ered agent, ram
PICNATURE									
SIGNATURE.	Signature, typeo or printed name of regis	stered agent and title if applicable.	(NOTE Ros	gistered Ager	nt signature requ	ired when reinstating)		DATE	
12.		ERS AND DIRECTORS		13.	nt signature requ	ired when reinstaling) ADDITIONS/CHANC	GES TO OFFIC	CERS AND DIREC	
12. TITLE	OFFIC DP	ERS AND DIRECTORS	(NOTE RO	13. 1. 1 TITLE	nt signature requ		SES TO OFFIC		
12. TITLE NAME	OFFIC DP HURDLE, CLINTON I	ERS AND DIRECTORS C M.		13. 1. 1 TITLE 1.2 NAME			GES TO OFFIC	CERS AND DIREC	
12. TITLE	OFFIC DP HURDLE, CLINTON I 3568 SW SUNSET T	ERS AND DIRECTORS C M.		13. 1. 1 TITLE			GES TO OFFIC	CERS AND DIREC	
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14. I do hereby certify that the information supplied with this filing is voluntarily turnished and does not qualify for the exemption stated in Section 119.07(3)(k), Fiorida 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 fine receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Flock 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Page 19.07(3)(k), Florida Statutes. I further certify that 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 oath; that I am an officer or director of the corporation or fine receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Flock 13 if changed, or on an attachment with an address.

CR2E034 (12/95)