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

**PROFIT CORPORATION ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

**FILED** 

Jan 30 1998 8:00am

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C,	O MARION	HUBT		C/O	C/O MARION HUST						
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2	Principal Pl	ace of Rusi		2a M	ailing Address			04/24/1989 4. FEI Number		1 1.	
21	1 monson r	00000	11033	26	anny Address			65-0116885		<del> </del>	pplied For lot Applicable
Ī	Suite, Apt.	#, etc.			uite, Apt. #, etc.			Certificate of Status Desired			Additional
22	City & State			27	ly & State						lequired
23	City & State 28				ily or state			<ol> <li>Election Campaign Financing Trust Fund Contribution</li> </ol>	' o	•	) May Be I to Fees
l	Zip		Country	Z	р	Cou	ntry	8. This corporation owes or has			
24		6 Name	25 Address of	29 Current Register	ad Agent	30		Personal Property Tax due Ju 10. Name and Address of New			No
$\vdash$	LI K	ST, MARIO		Content negistar	en våenr		81 Name	10, Name Brid Address of New	Hedisteled	Agent	
		HWAY 29	714				82 Street /	Address (P.O. Box Number is Not Accep	table)		
		DA FL 339	930					Today of the sex remains a record			
							83				
							84 City		FI	<b>85</b> Zip	Code
11.	Pursuant to	o the provis	ions of Sections 6	607.0502 and 607.	1508, Florida Statu	ites, the al	ove-named	corporation submits this statement for the		changing i	its registered
	agent. I an	n <b>fam</b> iliar wi	jent, or <b>b</b> oth, in th ith, <b>and a</b> ccept th	ie State of Florida. ie obligations of, Si	Such change was ection 607,05 <mark>05, F</mark>	authorized Iorida Stat	t by the corp utes.	corporation submits this statement for the oration's board of directors. I hereby acc	cept the app	ointment as	registered
SIG											
	SNATURE -	Singeture typed	or printed perce of reco	slared agent and tills if an	Alfanila (Alf	TC. Contatavos					
12.	3	Signature, typed	<del></del> -	stered agent and title if ap		TE: Registered		required when reinslating)  ADDITIONS/CHANGES TO OF	DATE		
12.		PD	OFFICE				Agent signature	required when reinslating)	DATE		
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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 logal 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.