FILE NOW: FILING FEE AFTER MAY 1ST IS \$50.00

SIGNATURE:

Feb 10 1998 8:00am FLORIDA DEPARTMENDE STATE CORPORATION Sandra B. Momm **ANNUAL REPORT** Secretary of S Secretary of State DIVISION OF CORPATIONS 1998 **DOCUMENT #** (1)L17648 HUBBARD PROPERTIES, INC. Mailing Address Principal Place of Business 2521 DOBBS RD. 2521 DOBBS RD. UNIT #7 UNIT #7 DO NOT WRITE IN THIS SPACE ST. AUGUSTINE FL 32086 ST. AUGUSTINE FL 32086 3. Date Incorporated or Qualified 09/20/1989 2. Principal Place of Business 2a, Mailing Address 4. FEI Number Applied For 26 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6, Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 Added to Fees (itry This corporation owes or has paid the current year Intangible Country Zip 29 30 Personal Property Tax due June 30. 24 25 Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent BENZENBERG, GREG UNIT #7 Street Address (P.O. Box Number is Not Acceptable) 2521 DOBBS ROAD ST. AUGUSTINE FL 32086 City 85 Zip Code Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the
office or registered agent, or both, in the State of Florida, Such change was authoric
agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida S ve-named corporation submits this statement for the purpose of changing its registered by the corporation's board of directors. I hereby accept the appointment as registered by SIGNATURE Stignature Typical or printed name of regenered agreet and title if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. VD. DELETE Change Addition TITLE HUBBARD, RICK NAME 2 BAY 9TH STREET Annerss STREET ADDRESS WEST ISLIP NY ST-ZIP CITY-ST-ZIP DELETE Change Addition 21 TITLE HUBBARD, BARBARA NAME 2421 DOBBS RD., STE.7 2.3 T ADDRESS STREET ADORESS ST. AUGUSTINE FL 2.4 ST-ZIP CITY-ST-ZIP DELETE 3.1 Change Addition TITLE HUBBARD, ROBERT H 32 NAME 22521 DOBBS RD., STE. 7 3 3 f ADDRESS STREET ADDRESS ST. AUGUSTINE FL 3.4.ST-ZIP CITY-ST-ZIP DELETE PCM Change Addition 4.1 TITLE BENZENBERG, BARBARA L 4.2 NAME P.O. BOX 721 N/A 4.3 ADDRESS STREET ADDRESS ST AUGUSTINE FL - ZIF CITY-ST-ZIP DELETE 5.1 Change ☐ Addition TITLE R., HUBBARD R G. NAME P.O. BOX 556 N/A **VODRESS** 53 STREET ADDRESS BAYSHORE NY 54 ZIP CITY-ST-ZIP DELETE 61 ☐ Change Addition TITLE 6.2 NAME 6.3 SADDRESS STREET ADDRESS 6.4 C-ZIP CITY-ST-ZIP his filing does not qualify for the exon stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information intual report is true and accurate art my signature shall have the same legal effect as if made under oath; that I am an or trustee empowered to execute port as required by Chapter 607, Florida Statutes; and that my name appears in 14. I hereby certify that the information indicated on this annual report or s officer or director of the corporatio Block 12 or Block 13 if changed, o with an address

FILED