

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **L26181 (2)**
1. Corporation Name
HUS OF CENTRAL FLORIDA, INC.



Principal Place of Business Mailing Address
**4406-A DEL PRADO BLVD.
CAPE CORAL FL 33904
US** **4406-A DEL PRADO BLVD.
CAPE CORAL FL 33904
US**

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

3. Date Incorporated or Qualified **10/27/1989** 3a. Date of Last Report **08/08/1995**
4. FEI Number **59-2974575** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**SILK, JOHN, E
4406-A DEL PRADO BLVD.
CAPE CORAL FL 33904**

10. Name and Address of New Registered Agent
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 _____ (DATE) _____
Supplemental to registration of new agent and fees, applicable. (NOTE: Registered Agent signature required when first time.)

| 12. OFFICERS AND DIRECTORS | | DELETE |
|----------------------------|-------------------------------|--------------------------|
| TITLE | PST | <input type="checkbox"/> |
| NAME | SILK, JOHN, E | |
| STREET ADDRESS | 4406-A DEL PRADO BLVD. | |
| CITY-ST-ZIP | CAPE CORAL FL | |
| TITLE | D | <input type="checkbox"/> |
| NAME | SILK, JOHN, E | |
| STREET ADDRESS | 4406-A DEL PRADO BLVD. | |
| CITY-ST-ZIP | CAPE CORAL FL | |
| TITLE | D | <input type="checkbox"/> |
| NAME | SILK, CHARLOTTE, M | |
| STREET ADDRESS | 4406-A DEL PRADO BLVD. | |
| CITY-ST-ZIP | CAPE CORAL FL | |
| TITLE | | <input type="checkbox"/> |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | Change | Addition |
|---|--|--------------------------|--------------------------|
| 11 TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| 12 NAME | | | |
| 13 STREET ADDRESS | | | |
| 14 CITY-ST-ZIP | | | |
| 21 TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| 22 NAME | | | |
| 23 STREET ADDRESS | | | |
| 24 CITY-ST-ZIP | | | |
| 31 TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| 32 NAME | | | |
| 33 STREET ADDRESS | | | |
| 34 CITY-ST-ZIP | | | |
| 41 TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| 42 NAME | | | |
| 43 STREET ADDRESS | | | |
| 44 CITY-ST-ZIP | | | |
| 51 TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| 52 NAME | | | |
| 53 STREET ADDRESS | | | |
| 54 CITY-ST-ZIP | | | |
| 61 TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| 62 NAME | | | |
| 63 STREET ADDRESS | | | |
| 64 CITY-ST-ZIP | | | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for 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 the recorder or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13, changed, or on an attachment with the address.

SIGNATURE: *John E. Silk* **7-26-96** **542-3333**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **John E. Silk**

CR2E034 (3/96)