

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Jeffrey B. Mefford,  
Governor of State  
DIVISION OF CORPORATIONS

DOCUMENT # **L36216** (4)

1. Corporation Name  
**HUSTED INTERNATIONAL PROPERTY CORPORATION**

Principal Place of Business  
**2801 OCEAN DR  
STE 203  
VERO BEACH FL 32963  
US**

Mailing Address  
**756 BEACHLAND BLVD  
744 BEACHLAND BLVD  
VERO BEACH FL 32963  
US**

2. Filing Agent Name  
**21**

2a. Mailing Address  
**26**

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9. Name and Address of Current Registered Agent

**CALDWELL, WILLIAM W  
756 BEACHLAND BLVD.  
VERO BEACH FL 32963**

3. Date Incorporation/Rechartered **12/11/1989** 3a. Date of Last Report **05/01/1994**

4. FID Number **65-0181753** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing / Front Fund Contribution  **\$5.00 May Be Added to Fees**

7. This corporation has complied with the provisions of Florida Statutes  Yes  No

10. Name and Address of New Registered Agent

81 Name  
82 Street Address, P.O. Box Number or Post Office  
83  
84 City, State, Zip **FL 85**

11. I, the undersigned, certify that the information supplied with this filing is complete, true and correct, and that the information is true and correct for the reporting period. I understand that the information is subject to audit by the Department of State and that the information is subject to audit by the Department of State and that the information is subject to audit by the Department of State.

12. ADDITIONAL OFFICERS AND DIRECTORS

VDS	NAM	CLARKE, ROBERT H
	RES	2801 OCEAN DR., STE. 203
	CITY	VERO BEACH FL
PD	NAM	CLARKE, HENRY D JR
	RES	2801 OCEAN DR., STE. 203
	CITY	VERO BEACH FL
D	NAM	CLARKE, MICHAEL W.
	RES	2801 OCEAN DR., STE. 203
	CITY	VERO BCH FL
D	NAM	SORENSEN, J. DALE
	RES	634 BEACHLAND BLVD.
	CITY	VERO BCH FL

13. ADDITIONAL CHANGES TO REGISTERED AGENT INFORMATION

1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add New
2. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Add New
3. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Add New
4. STATE	<input type="checkbox"/> Change <input type="checkbox"/> Add New
5. ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add New
6. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add New
7. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Add New
8. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Add New
9. STATE	<input type="checkbox"/> Change <input type="checkbox"/> Add New
10. ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add New

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SIGNATURE: *Robert H. Clarke* Vice President  
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR

APPROVED  
FILED  
MAY 15 1995  
DIVISION OF STATE  
TALLAHASSEE, FLORIDA