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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M43912

(8)

HOLLY HUNSBERGER, INC.

Principal Place of Business

2520 N.E. 47TH STREET

FT. LAUDERDALE FL 33308

Mailing Address

2520 N.E. 47TH STREET FT. LAUDERDALE FL 33308

FILED Jan 26 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

						12/29/1986			
2. Principal P	face of Business	2a. Mailing Address				4. FEI Number	Ap	plied For	
21	•	26	26			65-0000083	No	t Applicable	
Suite, Apt	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75		
22		27	27			or certificate of catalog position	Fee Re	quired	
City & Stall	e	City & State	City & State			6. Election Campaign Financing	\$5.00	May Be	
23		28				Trust Fund Contribution	Added t	to Fees	
^{Zį} p	Country	Zip		intry		8. This corporation owes or has paid the curre			
24	25	[29]	30	,] No	
Name and Address of Current Registered Agent						10. Name and Address of New Registered A	gent		
HALPER, DEAN R. ESQ.					81 Name				
	78 E COMMERCIAL BLVD		82 Street Add		Street Addre	ess (P.O. Box Number is Not Acceptable)			
FT									
·				83					
				84	City	y=1	85 Zip (Code	
						<u> </u>	لل		
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									
	Stanature, typed or printed name of register			d Age	ent signature require	ad when reinstating) ADDITIONS/CHANGES TO OFFICERS AND I	DIDECTOR	C IN 10	
12.	PD	S AND DIRECTORS DELETE					Change	Addition	
TITLE	HUNSBERGER, HOLLY					<u> </u>	Onlange	redition	
NAME		OFFICE NEW AZELLI ST		AME					
STREET ADDRESS	FT LAUDERDALE FL	n			ADDRESS				
CITY - ST - ZIP	1840			T-ZIP		Change	Addition		
TITLE			2.1 T			Ļ	Change		
NAME	2.21			ŀ					
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP				2. 4 CITY-ST-ZIP			70	A data:	
TITLE		☐ DELETE	_ :		ļ	L	Change	☐ Addition	
NAME			3.2 N		ļ				
STREET ADDRESS			3.3 ST		ADDRESS				
CITY-ST-ZIP					ST-ZIP		10:	(Autorean	
TITLE		☐ DELETE	4.1 T			L	Change		
NAME			4, 21						
STREET ADDRESS			4.3 S	TREET	ADDRESS				
City-St-ZiP		····			IT - ZIP		- T	77	
TITLE		☐ DELETE	5.1 T	ITLE		L	Change	Addition	
NAME			5.2 N	AME					
STREET ADDRESS			5.3 S	TREET	ADDRESS				
CITY-ST-ZIP			5.4 C	iTY-S	T-ZIP				
TITLE	-	DELETE	6.1 T	TLE			Change	Addition	
NAME			6.2 N	AME	1				
STREET ADDRESS			6.3 S	TREET	ADDRESS				
City-ST-ZIP					T-ZIP				
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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									

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 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.

SIGNATURE: Of Ship herae Ph/ F4 History

1/19/98 954-4918290

CR2E034 (10/97)