FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # N11057

(9)

| 1. Corporation | n Name | • • | | | |
|--|---|--|---------------------------------------|--|---|
| H.U.R. | T., INC./AMI | | | | |
| | | | | | |
| Principal Place | e of Business | Mailing Address | | | JI BEDII DEDII BIBII DEBE DIDII DIDE EDBI |
| | | C/O CAMILLE E. PALO | | | |
| 3375 HAYWO BOCA RATOR | IOD TER J-103 N FI 33431 | 3375 JAYWOOD TER J BOCA RATON FL 3343 | | • | |
| U\$ | 172 00001 | US US | 11 | 3. Date Incorporated or Qualified | 3a. Date of Last Report |
| | | | | 09/12/1985 | 02/16/1995 |
| | ace of Business | 2a. Mailing Address | | 4. FEt Number | Applied For |
| 21 Cuito Act | # ata | 26 | | 59-2572761 | Not Applicable |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| City & State | 9 | City & State | | 6. Election Campaign Financing | |
| 23 | | 28 | | Trust Fund Contribution | S5.00 May Be Added to Fees |
| Zıp | Country | Zip | Country | 8. This corporation has liability for inte | |
| 24 | 25 | 29 | 30 | | Yes 🔀 No |
| | 9. Name and Address of Curr | ent Registered Agent | 81 Name | 10. Name and Address of New Reg | Istered Agent |
| DALOMB | O CAMILLE E | | 81 Name | | |
| PALOMBO, CAMILLE E. 3375 JAYWOOD TERR | | | 82 Street Ad | dress (P.O. Box Number is Not Acceptable) | |
| J-103 | | | 83 | | |
| | ATON FL 33431 | | | | |
| | | | 84 City | | FL 85 Zip Code |
| or register | red agent, or both, th the State of Fix | orida. Such change was authoriz | ed by the corporation's bo | oration submits this statement for the purpo- ard of directors. I hereby accept the appoint | so of changing its registered office. |
| | th, and accept the obligations of, Se | ction 617.0503, Florida Statutes | 3 . | | |
| SIGNATURE . | Signature, typed or printed name of registered ag- | ent and title if applicable (NC | OTE: Registered Agent signature requi | ired when reinstating) | DATE |
| 12. | OFFICERS A | ND DIRECTORS | 13. | ADDITIONS/CHANGES TO OFFICE | |
| TITLE | VD | DELETE | 1.1 TITLE | | Change Addition |
| NAME | DONOVAN, NEIL | | 1.2 NAME | | |
| STREET ADDRESS | 1760 Green RD. Pompano Beach FL 3306 | .4 | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | PD PD | TIDELETE | 1.4 CITY-ST-ZIP | | |
| TITLE NAME | PALOMBO, CAMILLE | □\octc1c | 2.1 TITLE | | ☐ Change ☐ Addition |
| STREET ADDRESS | 3375 JAYWOOD TER J-103 | | 2.2 NAME 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | BOCA RATON FL | | 2.4 CITY-ST-ZIP | | |
| TITLE | SR | DELETE | 3.1 TITLE | | Change Addition |
| NAME | PAPANTONATOS, MARILYN | | 3.2 NAME | | |
| STREET ADDRESS | 3836 NE 17TH AVE | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | POMPANO FL | | 3.4. CITY-ST-ZIP | | |
| TITLE | TD | DELETE | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | RUTH, THOMPSON | | 4. 2 NAME | | |
| STREET ADDRESS | 101 ROYAL PARK DR, 1D OAKLAND PARK FL | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP TITLE | VOICOID FAILEL | DELETE | 4.4 CITY-ST-ZIP 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 52 NAME | | Change Addition |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | | |
| TITLE | | DELETE | 61 TITLE | | Change Addition |
| NAME | | | 62 NAME | | . — |
| STREET ADDRESS | | | 63 STREET ADDRESS | | |
| CITY-SI-ZIP | | | 6.4 CITY-ST-ZIP | | |
| certify that | i the information indicated on this ar | ioual report or sugniemental anni | ual report is true and accur | for the exemption stated in Section 119.07(rate and that my signature shall have the sar | no logal affect on if made under |
| oatn; that | I am an officer or director of the corp Block 12 or Block 13 if changed, o | poration or the receiver or truster | e empowered to execute the | his report as required by Chapter 617, Florid | a Statutes; and that my name |

SIGNATURE

CHATURE AND TYPED OR PRINTED NAME OF SUNING OFFICER OR DIRECTOR

305-485-0637