FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N97000005950 (7)

HU GF	ROUP HOME INC.		•		
Principal Plac	a of Business	Mailing Address			
1259 NW 60TH ST 1259 NW 60TH ST GAINESVILLE FL 32605 GAINESVILLE FL 32605			3. Date Incorporated or Qualified 10/22/1997		
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number 59 - 3467365 5. Certificate of Status Desired	Applied For Not Applicable \$8.75 Additional
21 /25	9 NW Cook court	26 / 25 / /// Suite, Apl. #, etc.	both st		Fee Required
Suite, Apt.	#, U IU.	27		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
City & Stat	esville Th	City & State 28 GrahesVI		7. Is this nonprofit corporation a homeow Yes	
24 324	25 Alachua 8. Name and Address of Current		10 Alanchi	8. This corporation owes or has paid the Personal Property Tax due June 30. 10. Name and Address of New Register.	☐ Yes ☐ No
			81 Name		
Hu, Kehua 1259 NW goth St				ess (P.O. Box Number is Not Acceptable)	
GAINES	VILLE FL 32605		83		
			84 City	F	85 Zip Code
11. Pursuant office or a agent. I a	registered agent, or both, in the State of im familiar with, and accept the obligat	of Florida. Such change was autions of, Section 617.0503, Flori	thorized by the corporati da Statutes.		appointment as registered
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	Director	☐ DELETE	1.1 TITLE		Change Addition
NAME	Kehna Hu	4	1.2 NAME		
STREET ADDRESS	Kehna Hu 1259 NW 60th Gamesville	-132605	1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	'han der	□ DELETE	1.4 CITY-ST-ZIP		☐ Change ☐ Addition
NAME	Baston Har		2.2 NAME		
STREET ADDRESS	1259 Ren 60t	5 street	2.3 STREET ADDRESS		
CITY-ST-ZIP	Boa hegville	C.5 2663	2. 4 CiTY-ST-ZiP		
TITLE	Director	☐ DELETE	3.1 TITLE		Change Addition
NAME STREET ADDRESS	Subao Car	x street	3.2 NAME 3.3 STREET ADDRESS		
CITY-ST-ZIP	Bah sellle	FL 2 2605	3.4 CITY-S1-ZIP		
TITLE	74.	DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		I lori cre	4.4 CITY - ST - ZIP		D Alexant D 44dition
TITLE		DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS			5.2 NAME 5.3 STREET ADDRESS		
CITY-ST-ZIP			5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE	. 1115	☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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 receiver 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 if changed, or on an attachment with an address.

SIGNATURE.

CITY-ST-ZIP

352-331-4309

FILED

May 20 1998 8:00am

Secretary of State