

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

**FILED**  
**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90195 043 \*\*\*150.00

|   |   |  |
|---|---|--|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1999</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|--|

**DOCUMENT # P01961**

1. Corporation Name  
**M.E. HUNTER & ASSOCIATES, INC.**

Principal Place of Business  
**3155 NW 71ST AVENUE  
MIAMI FL 33122  
US**

Mailing Address  
**1550 NORTHWEST DRIVE. N.W.  
ATLANTA GA 30318**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**05/10/1984**

2. Principal Place of Business  
**21 1550 Northwest Dr. NW.**  
Suite, Apt. #, etc.

2a. Mailing Address  
**26 3155 NW 77th Avenue**  
Suite, Apt. #, etc.

4. FEI Number  
**58-1551479**

Applied For  
☐ Not Applicable

City & State  
**23 Atlanta GA**

City & State  
**28 Miami FL**

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

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

Zip  
**24 30318** Country

Zip  
**29 33122** Country

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301**

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

Signature, typed or printed name of registered agent, and title if applicable.

(NOT: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS |   |
|----------------------------|---|
| TITLE                      | <b>P</b> <input checked="" type="checkbox"/> DELETE   |
| NAME                       | <b>EDWARDS, H DENNIS</b>                              |
| STREET ADDRESS             | <b>1550 NORTHWEST DRIVE NW</b>                        |
| CITY-ST-ZIP                | <b>ATLANTA GA 30318</b>                               |
| TITLE                      | <b>VP</b> <input checked="" type="checkbox"/> DELETE  |
| NAME                       | <b>PERERA, ISMAEL</b>                                 |
| STREET ADDRESS             | <b>3155 NW 77TH AVENUE</b>                            |
| CITY-ST-ZIP                | <b>MIAMI FL 33122</b>                                 |
| TITLE                      | <b>VPT</b> <input checked="" type="checkbox"/> DELETE |
| NAME                       | <b>JOHNSON, EDWIN</b>                                 |
| STREET ADDRESS             | <b>3155 NW 77TH AVENUE</b>                            |
| CITY-ST-ZIP                | <b>MIAMI FL 33122</b>                                 |
| TITLE                      | <b>CS</b> <input type="checkbox"/> DELETE             |
| NAME                       | <b>DAMON, NANCY J</b>                                 |
| STREET ADDRESS             | <b>3155 NW 77TH AVENUE</b>                            |
| CITY-ST-ZIP                | <b>MIAMI FL 33122</b>                                 |
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE              |
| NAME                       | <b>MAS, JORGE</b>                                     |
| STREET ADDRESS             | <b>3155 NW 77TH AVENUE</b>                            |
| CITY-ST-ZIP                | <b>MIAMI FL 33122</b>                                 |
| TITLE                      | <input type="checkbox"/> DELETE                       |
| NAME                       |   |
| STREET ADDRESS             |   |
| CITY-ST-ZIP                |   |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|---|---|
| 1.1 TITLE   | <b>P</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME  | <b>Michael W. Hunter</b>  |
| 1.3 STREET ADDRESS                                    | <b>1550 Northwest Dr. NW</b>  |
| 1.4 CITY-ST-ZIP                                       | <b>Atlanta, GA 30318</b>  |
| 2.1 TITLE   | <b>V</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME  | <b>Carmen Sabater</b>   |
| 2.3 STREET ADDRESS                                    | <b>3155 NW 77th Avenue</b>  |
| 2.4 CITY-ST-ZIP                                       | <b>Miami FL 33122</b>   |
| 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                     |
| 3.2 NAME  |   |
| 3.3 STREET ADDRESS                                    |   |
| 3.4 CITY-ST-ZIP                                       |   |
| 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                     |
| 4.2 NAME  |   |
| 4.3 STREET ADDRESS                                    |   |
| 4.4 CITY-ST-ZIP                                       |   |
| 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                     |
| 5.2 NAME  |   |
| 5.3 STREET ADDRESS                                    |   |
| 5.4 CITY-ST-ZIP                                       |   |
| 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                     |
| 6.2 NAME  |   |
| 6.3 STREET ADDRESS                                    |   |
| 6.4 CITY-ST-ZIP                                       |   |

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-13-99 (305) 599-1800**  
Date Daytime Phone #

CR2E034 (11/98)