Feb 22, 1999 8:00 am

Secretary of State

02-22-1999 90097 027 ***150.00

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P03950

HULL DE	EVELOPMENT ENTERPRISE	S, INC.						
Principal Place	e of Business	Mailing Address			1 10041001 1H 00140		ATALI EIĐII ASĀLI	Billi Alak (88)
RR 1 BOX 770 RR 1 BOX 770 EAST DORSET VT 05253 EAST DORSET VT 05253 US US					DO	NOT WRITE IN THIS	S SPACE	
00				ŀ	3. Date Incorporated o	r Qualifed		
					11/05/1984			
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number		A	oplied For
	NINDWARD HILL	26 376 WINDW	ARD HI	LL	11-2690429		N	ot Applicable
Suite, Apt.		Suite, Apt. #, etc.			5. Certifcate of Status	Desired ,		Additional equired
City & State	e	City & State			6. Election Campaign I	Financing	\$5.00	May Be
23 EAST DORSET, VT 28 EAST DOR					Trust Fund Contribu	tion	Added	to Fees
Zip	Country	Zip	Country		8. This corporation ow	es the current year Ir		_
24 05253-	-9644 25 USA	29 05253-9644 3	o usA		Personal Property T		□Yes	□No
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address		Agent	
Mini	I IO ANN		81 Name	Н	ULL, JO A	אא		
HULL, JO ANN			82 Street	Addres	s (P.O. Box Number is N	lot Acceptable)		
125 BRIAN ROAD MARATHON FL 33050					1 BRIAN	KOAD		
INCATA	ATTION 1 E 33030		83					
			84 City	^	1 ARATHON	FL	_ 3 2	Code
SIGNATURE	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obligation of the state of	& President	norized by the corplete Statutes. Johnson Huc	1.0	RESIDENT	reby accept the appo	ointment as re	egistered
12.				required w				
		ND DIRECTORS	13.	Tequaed w	ADDITIONS/CHANG	ES TO OFFICERS A		
TITLE	PD		13. 1.1 TITLE	гоцинос и		ES TO OFFICERS A	ND DIRECT	ORS IN 12
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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.

(80) 362 - 0441

SIGNATURE: