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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

HUGGETT & SHEARD, INC.			
Principal Place of Business	Mailing Address	Ī	
3810 WOOD AVE.	3810 WOOD AVE.	-	
MIAMI FL 33133	MIAMI FL 33133	:	

FILED Jan 20 1998 8:00am Secretary of State

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/04/1992 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 65-0370118 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional П 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 Country Country Zìp 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No 25 29 30 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 SHEARD, LAURA 3810 WOOD AVE. Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33133 83 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12. ☐ DELETE 1.1 TITLE | Change TIBE SHEARD, LAURA 1.2 NAME NAME 3810 WOOD AVE STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33133** 1.4 CITY - ST - ZIP CITY - ST - ZIP Addition DELETE ☐ Change TITLE 2.1 TITLE HUGGETT, JACQUELINE N 2.2 NAME NAME NO STREET ADDRESS GIVEN STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL 33232-1574 2. 4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 8.4. CITY - ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-7IP CITY-ST-ZIP Addition Change DELETE 5.1 TITLE TITLE NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 61 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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, open an attachment with an address.