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

**CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # P93000040465 (5)

HUBB'S PUB - CAROLWOOD, INC.

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## **FILED** Mar 11 1998 8:00am Secretary of State



11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purport 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE	
DO NOT WRITE INT    Delete   Delete   Delete   Delete   Delete	
3. Date Incorporated or Qualified OB/03/1983 OB/03/1983 Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  Country  Country  Country  Country  Country  Country  Country  Suite, Apt. #, etc.  Country  Country  Suite, Apt. #, etc.  Country  Country  Country  Suite, Apt. #, etc.  Country  Country  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Country  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Country  Suite, Apt. #, etc.  Suite	THIS SPACE
Principal Plage of Business  1/3   50   DARTH DANK MARSY  Suite, Apt. #, etc.  50   Suite, Apt. #, etc.  50   Suite, Apt. #, etc.  50   Country   Suite, Apt. #, etc.  50   Country   Suite, Apt. #, etc.  70   Country   Suite, Apt. #, etc.  71   Country   Suite, Apt. #, etc.  72   Country   Suite, Apt. #, etc.  73   Country   Suite, Apt. #, etc.  74   Country   Suite, Apt. #, etc.  75   Country   Suite, Apt. #, etc.  75   Country   Suite, Apt. #, etc.  76   Country   Suite, Apt. #, etc.  77   Country   Suite, Apt. #, etc.  86   Election Campeign Financing Impaired and Address of Current Registered Agent   Suite, Apt. #, etc.  75   Country   Suite, Apt. #, etc.  76   Country   Suite, Apt. #, etc.  87   Country   Suite, Apt. #, etc.  88   Country   Suite, Apt. #, etc.  98   Country   Suite, Apt. #, etc.  99   Country   Suite, Apt. #, etc.  90   Suite, Apt. #, etc.  91   Country   Suite, Apt. #, etc.  91   Suite, Apt. #, etc.  91   Suite, Apt. #, etc.  92   Country   Suite, Apt. #, etc.  93   Suite, Apt. #, etc.  94   City   Suite, Apt. #, etc.  95   Suite, Apt. #, etc.  95   Suite, Apt. #, etc.  96   Country   Suite, Apt. #, etc.  97   Country   Suite, Apt. #, etc.  97   Country   Suite, Apt. #, etc.  96   Country   Suite, Apt. #, etc.  97   Country   Suite, Apt. #, etc.  98   Country   Suite, Apt. #, etc.  98   Suite, Apt. #, etc.  99   Suite, Apt. #, etc.  99   Suite, Apt. #, etc.  90   Suite, Apt. #, etc.  91   Name  92   Suite, Apt. #, etc.  93   Suite, Apt. #, etc.  94   City   Suite, Apt. #, etc.  95   Suite, Apt. #, etc.  95   Suite, Apt. #, etc.  96   Suite, Apt. #, etc.  97   Suite, Apt. #, etc.  97   Suite, Apt. #, etc.  97   Suite, Apt. #, etc.  96   Suite, Apt. #, etc.  97   Suite, Apt. #, etc.  97   Suite, Apt. #, etc.  97   Suite, Apt. #, etc	
Principal Page of Business    3	
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Sulfe, Apt. #, etc.    Sulfe, Apt. #, etc.   Sulfe, Apt. #, etc.	Not Applicable
City & State    City & State   City & State	SR 75 Additional
Trust Fund Contribution  Zip Country Zip Alab SpR0 28 30  9. Name and Address of Current Registered Agent UNQAR, DAVID 895 BARTON BLVD., STE. B ROCKLEDGE FL 32955  887  ROCKLEDGE FL 32955  888  ROCKLEDGE FL 32955  889  ROCKLEDGE FL 32955  890  10. Name and Address of New Registered Agent Signature Support of Societions 607.0502 and 607.1508, Florida Statutes, the aboven-named corporation submits this statement for the purportion of registered agent, or both, in the State of Florids. Such change was authorized by the corporation's board of directors. I hereby accept the agent. I am familiar with, and accept the obligations of, Societion 607.0505, Florida Statutes.  GNATURE Signature, fund or preach name or registered familiar and life of applicable.  DIT UNGAR, DAVID UNGAR, DAVID UNGAR, DAVID UNGAR, DAVID UNGAR, DAVID UNGAR, PRANCES 133 SNORTH COGSWELL STREET STE. A3 ROCKLEDGE FL 32955  DELETE UNGAR, FRANCES 1535 NORTH COGSWELL STREET STE. A3 ROCKLEDGE FL 32955  DELETE 22 NAME 22 NAME 23 STREET ADDRESS 1535 NORTH COGSWELL STREET STE. A3 ROCKLEDGE FL 32955  DELETE 31 TILL 22 NAME 33 STREET ADDRESS 1535 NORTH COGSWELL STREET STE. A4 3 STREET ADDRESS 1535 NORTH COGSWELL STREET STE. A4 3 STREET ADDRESS 1535 NORTH COGSWELL STREET STE. A5 ROCKLEDGE FL 32955  DELETE 31 TILL 32 NAME 43 STREET ADDRESS NY-ST-2P LE ME BEST ADDRESS NY-ST-2P LE ME BE	Fee Required
Sections of Sections Control Registered Agent   10. Name and Address of New Registered Agent   10. Name and Address   10. Name and Address of New Registered Agent   10. Name and Address   10. Name and Addre	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
UNGAR, DAVID  10. Name and Address of Current Registered Agent  UNGAR, DAVID  11. Pursuant to the provisions of Socilons 607 0502 and 607 1508, Florida Statutes.  12. Street Address (P.O. Box Number is Not Acceptable)  13. Street Address (P.O. Box Number is Not Acceptable)  14. City  15. Coffice or registered agent, or both, in the State of Florida, Such change was authorized by the corporation submits this statement for the purport of the agent I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  16. City  16. City  17. City  18. City  18. City  18. City  19. Coffice RS AND DIRECTORS  19. ADDITIONS/CHANGES TO OFFICERS  19. ADDITIONS/CHANGES TO OFFICERS  19. ADDITIONS/CHANGES TO OFFICERS  19. ADDITIONS/CHANGES TO OFFICERS  19. STREET ADDRESS  19. STREET ADDRESS	e current year Intangible
Street Address (P.O. Box Number is Not Acceptable)  83  84 City  1. Pursuant to the provisions of Socilons 607.0502 and 607.1508, Florida Statules, the above-named corporation submits this statement for the purportion 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 agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SINATURE  Signature, liyed or practic incidence or registered agent and thild advisable.  N. OFFICE HS AND DIRECTORS  1. OFFICE HS AND DIRECTORS  1. ADDITIONS/CHANGES TO OFFICE HERE  WE UNGAR, DAVID  1. SANDET ADDRESS  1. ADDITIONS/CHANGES TO OFFICE HERE  1. ITILE  1. ITILE  1. ITILE  1. ADDITIONS/CHANGES TO OFFICE HERE  1. ADDRESS  1. ADDITIONS/CHANGES TO OFFICE HERE  1. ITILE  1. ADDITIONS/CHANGES TO OFFICE HERE  1. ADDRESS  1. ADDITIONS/CHANGES TO OFFICE HERE  1. ADDRESS  1. ADD	
B85 BARTON BLVD., STE. B ROCKLEDGE FL 32955  1. Pursuant to the provisions of Socilons 607 0502 and 607 1508, Florida Statules, the above-named corporation submits this statement for the purpor office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. Thereby accept the agent 1 am familiar with, and accept the obligations of, Socilon 607,0505, Florida Statutes.  GNATURE  Signature, systed or printed name or registered agent and time of applicable.  OFFICE RS AND DIRECTORS  LE  D/T  UNGAR, DAVID  12 NAME  1.3 STREET ADDRESS  ROCKLEDGE FL 32955  LA CITY-ST-2IP  LE  P  UNGAR, FRANCES  1.535 NORTH COGSWELL STREET STE. A-3  ROCKLEDGE FL 32955  LA CITY-ST-2IP  LE  ME  BREET ADDRESS  1.4 CITY-ST-2IP  LE  ME  BREET ADDRESS  1.4 CITY-ST-2IP  LE  ME  A.3 STREET ADDRESS  1.4 CITY-ST-2IP  LE  ME  A.4 STREET ADDRESS  1.4 CITY-ST-2IP  LE  ME  A.5 STREET ADDRESS  1.4 CITY-ST-2IP  LE  A.5	
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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 agent I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  GNATURE    Signature, typed or printed name of registered agent and title if applicable.	FL 85 Zip Code
agent I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes.  Signature, typed or preted name or registment agent and title if applicable.  OFFICE RS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS  LE UNGAR, DAVID 12 NAME 1335 NORTH COGSWELL STREET STE. A-3 ROCKLEDGE FL 32955  ROCKLEDGE FL 32955  LE UNGAR, FRANCES 1535 NORTH COGSWELL STREET STE. A-3 ROCKLEDGE FL 32955  LE UNGAR, FRANCES 1535 NORTH COGSWELL STREET STE. A-3 ROCKLEDGE FL 32955  LE UNGAR, FRANCES 1535 NORTH COGSWELL STREET STE. A-3 ROCKLEDGE FL 32955  LE UNGAR, FRANCES 1535 NORTH COGSWELL STREET STE. A-3 ROCKLEDGE FL 32955  LE UNGAR, FRANCES 1535 NORTH COGSWELL STREET STE. A-3 ROCKLEDGE FL 32955  LE UNGAR, FRANCES 1535 NORTH COGSWELL STREET STE. A-3 ROCKLEDGE FL 32955  LE UNGAR, FRANCES 1535 NORTH COGSWELL STREET STE. A-3 ROCKLEDGE FL 32955  LE UNGAR, FRANCES 1535 NORTH COGSWELL STREET STE. A-3 ROCKLEDGE FL 32955  LE UNGAR, FRANCES 1535 NORTH COGSWELL STREET STE. A-3 ROCKLEDGE FL 32955  LE UNGAR, FRANCES 1535 NORTH COGSWELL STREET STE. A-3 ROCKLEDGE FL 32955  LE UNGAR, FRANCES 1535 NORTH COGSWELL STREET STE. A-3 ROCKLEDGE FL 32955  LE UNGAR, FRANCES 1535 NORTH COGSWELL STREET STE. A-3 ROCKLEDGE FL 32955  LE UNGAR, FRANCES 1535 NORTH COGSWELL STREET STE. A-3 ROCKLEDGE FL 32955  LE UNGAR, FRANCES 1535 NORTH COGSWELL STREET STE. A-3 ROCKLEDGE FL 32955  LE UNGAR, FRANCES 1535 NORTH COGSWELL STREET STE. A-3 ROCKLEDGE FL 32955  LE UNGAR, FRANCES 1535 NORTH COGSWELL STREET STE. A-3 ROCKLEDGE FL 32955  LE UNGAR, FRANCES 1535 NORTH COGSWELL STREET STE. A-3 ROCKLEDGE FL 32955  LE UNGAR, FRANCES 1535 NORTH COGSWELL STREET STE. A-3 ROCKLEDGE FL 32955  LE UNGAR, FRANCES 1535 NORTH COGSWELL STREET STE. A-3 ROCKLEDGE FL 32955  LE UNGAR, FRANCES 1535 NORTH COGSWELL STREET STE. A-3 ROCKLEDGE FL 32955  LE UNGAR, FRANCES 1535 NORTH COGSWELL STREET STE. A-3 ROCKLEDGE FL 32955  LE UNGAR, FRANCES 1535 NORTH COGSWELL STREET STE. A-3 ROCKLEDGE FL 32955  LE UNGAR, FRANCES 1535 NORTH COGSWELL STREET STE. A-3 ROCKLEDGE FL 32955  LE UNGAR, FR	se of changing its registere
Signature, typod or protect diamer of registrient agent and tale if applicable  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS  LE UNGAR, DAVID  12 NAME  12 NAME  13 STREET ADDRESS  1535 NORTH COGSWELL STREET STE. A-3  ROCKLEDGE FL 32955  14 CITY-ST-ZIP  LE P DELETE  UNGAR, FRANCES  1535 NORTH COGSWELL STREET STE. A-3  ROCKLEDGE FL 32955  14 CITY-ST-ZIP  LE P DELETE  1535 NORTH COGSWELL STREET STE. A-3  ROCKLEDGE FL 32955  1535 NORTH COGSWELL STREET STE. A-3  ROCKLEDGE FL 32955  152 NAME  1535 NORTH COGSWELL STREET STE. A-3  ROCKLEDGE FL 32955  154 CITY-ST-ZIP  LE DELETE  151 TITLE  152 NAME  153 STREET ADDRESS  154 CITY-ST-ZIP  LE DELETE  155 NAME  155 NORTH COGSWELL STREET STE. A-3  ROCKLEDGE FL 32955  155 NORTH COGSWELL STREET STE. A-3  ROCKLEDGE FL 32955  155 NORTH COGSWELL STREET STE. A-3  ROCKLEDGE FL 32955  155 NORTH COGSWELL STREET STE. A-3  ROCKLEDGE FL 32955  155 NORTH COGSWELL STREET STE. A-3  ROCKLEDGE FL 32955  155 NORTH COGSWELL STREET STE. A-3  ROCKLEDGE FL 32955  155 NORTH COGSWELL STREET STE. A-3  ROCKLEDGE FL 32955  155 NORTH COGSWELL STREET STE. A-3  ROCKLEDGE FL 32955  155 NORTH COGSWELL STREET STE. A-3  ROCKLEDGE FL 32955  155 NORTH COGSWELL STREET STE. A-3  ROCKLEDGE FL 32955  155 NORTH COGSWELL STREET STE. A-3  ROCKLEDGE FL 32955  155 NORTH COGSWELL STREET STE. A-3  ROCKLEDGE FL 32955  155 NORTH COGSWELL STREET STE. A-3  ROCKLEDGE FL 32955  155 NORTH COGSWELL STREET STE. A-3  ROCKLEDGE FL 32955  155 NORTH COGSWELL STREET STE. A-3  ROCKLEDGE FL 32955  155 NORTH COGSWELL STREET STE. A-3  ROCKLEDGE FL 32955  155 NORTH COGSWELL STREET STE. A-3  ROCKLEDGE FL 32955  155 NORTH COGSWELL STREET STE. A-3  ROCKLEDGE FL 32955  155 NORTH COGSWELL STREET STE. A-3  ROCKLEDGE FL 32955  ROCKLEDGE FL	appointment as registered
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N-ST-ZIP  I hereby certify that the information supplied with this filing vides not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I furth indicated on this annual report of supplemental annual religious type and accurate and that my signature shall have the same legal effect as if mac officer or director of the corphatic or the receiver or trust of employered to execute this report as required by Chapter 607, Florida Statutes; and Block 12 or Block 13 if changed or this agrant with an addition.	er certify that the information