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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

POWER	MENT # P93000 IS HUNTER GROUP, INC.	041743 (4)			
Principal Place of Business 3081 E COMMERCIAL BLVD SUITE 102 FT LAUDERDALE FL 33308		Mailing Address 600 W. Hillsbord BLVD. Suite 300 Deerpield Beach Fl 33441-1610			
US				3. Date Incorporated or Qualified 06/14/1993	3a. Date of Last Report 04/11/1996
	lace of Business	2a. Mailing Address		4, FEI Number	Applied For
Suite, Apt. #, etc.		26 308 1 E, COMMERCIAL BE Suite, Apt. #1, etc.		T '	Not Applicable \$8.75 Additional
22		27 50176 102		5. Certificate of Status Desired	Fee Required
City & State		City & State 28 TT, LAUPE	ERDALE, FL	6. Election Campaign Financing	\$5.00 May Be Added to Fees
Zip	Country	1 70	Country 30] USA	Trust Fund Contribution 8. This corporation has liability for it	
24	25 g. Name and Address of Current		30] 034		Yes No
639 #D- OAI	KLAND PARK FL 33311	and 607.1508, Florida Statuto of Florida. Such change was a lions of, Section 607.0505, Flo	83 84 City	poration submits this statement for the potential poration submits the statement for the potential statement for t	FL 85 Zip Code
	Signature, typed or punted name of registered agen		Registered Agent signature requi		DATE.
12. TITLE NAME STREET ADDRESS	PD HUNTER, BRADLEY F 639 W. OAKLAND PARK BLVD.	DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12 Change Addition
CITY-ST-ZIP TITLE	OAKLAND PARK FL 33311	DELLETE	1.4 CITY - \$1 - 7IP 2.1 TITLE		Change Addition
NAME STREET ADDRESS CITY-ST-ZIP			2.2 NAME 2.3 STREET ADDRESS 2.4 City - ST- 7IP		
TITLE NAME STREET ADDRESS		☐ DELETE	31 TITLE 32 NAME 33 STREET ADDRESS		Change Addition
TITLE NAME STREET ADDRESS		☐ OFTELE	3.4. CITY - ST- 7/P 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS		Change Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS		DECETE	4.4 CHY-ST-7IP 5.1 THE 5.2 NAME 5.3 STREET ADDRESS		Change Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS		DELFTE	5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS		Change Addition
CITY-ST-ZIP	by certify that the information supplied	with this filmo does not qualify	64 CITY-S1-7IP	d in Section 119.07(3)(i). Florida Statutes	Lifurther certify that the

14. To hereby certify that the information supplied with this flining choic not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report in supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 chapted, or on an attaching that my name appears in Block 12 or Block 13 if chapted, or on an attaching the supplemental and the supplemental annual report is true.

CICNIATUDE.

Mad Hi

3/7/17 (454)772-2367

FILED

Mar 14 1997 8:00am

Secretary of State