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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000058269 (0)

MORABITO HUFF, INC.

## FILED Mar 03 1998 8:00am Secretary of State

| MUTAL  | SITU MUFF, INC.  |                               |                    |   |                      |   |                 |                |
|--|--|-------------------------------|--------------------|---|----------------------|---|-----------------|----------------|
| Principal Plac   | e of Business  | Mailing Address               | <u> </u>           |   |                      | I JURIJURI 110 (UJUR 1111) UDIJE RRJEJ UDIJE URIJU UK                                   |                 |                |
|  |  |                               |                    |   |                      |   |                 |                |
| 5901 SUN BLVD 138 E 11TH ST<br>STE 110 TIERRA VERDE FL 33715<br>ST PETERSBURG FL 33715   |  |                               |                    |   |                      | DO NOT WRITE IN THIS SPACE  |                 |                |
| US   |  |                               |                    |   |                      | 3. Date Incorporated or Qualified 08/16/1993  |                 |                |
| 2. Principal Place of Business 2s. Mailing Address   |  |                               |                    |   |                      | 4. FEI Number   | Α               | Applied For    |
| 21 26  |  |                               |                    |   |                      | 59-3201012  | N               | lot Applicable |
| Suite, Apt. #, etc. Suite, Apt. #,   |  |                               | f, etc.            |   |                      | 5. Certificate of Status Desired  | <b>+</b>        | Additional     |
| 22 27  |  |                               |                    |   |                      | 8. Commodic of Citatos Boolico  |                 | Required       |
| City & State City & State  |  |                               |                    |   |                      | 6, Election Campaign Financing  | \$5.00          | May Be         |
| 23   |  | 28]                           |                    |   |                      | Trust Fund Contribution   |                 | to Fees        |
| Zip  | h  |                               |                    | Country   |                      | 8. This corporation owes or has paid the current year Intangible                        |                 |                |
| 24   | 25 Name and Address of Curr                                  | 29 30                         |                    | L   |                      | Personal Property Tax due June 30. Yes No  No. Name and Address of New Registered Agent |                 |                |
| P11.   | <u> </u>   | our Gallsteian Whair          |                    | 81  | Name                 | 10. Manie aug worlease of Mew Meditteled  | Manr            |                |
|  | RNE, JAMES A   |                               |                    | <b>"</b>  | HOLLIE               |   |                 |                |
| 540-4TH ST NO.   |  |                               |                    | 82 Street Address (P.O. Box Number is Not Acceptable) |                      |   |                 |                |
| ST. PETERSBURG FL 33701  |  |                               |                    |   |                      |   |                 |                |
|  |  |                               |                    | 83  |                      |   |                 |                |
|  |  |                               |                    | 84  | City                 |   | 85 Zip          | Code           |
| 44 Durayant  | to the provisions of Factions 607.0                          | 500 and 007 1500 Florida C    | talulas das ak     |   |                      | FL  |                 | 10             |
| 11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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  |  |                               |                    |   |                      | ·   |                 |                |
| 12.  | Signature, typed or printed name of registered a  OFFICERS A | ND DIRECTORS                  | 13.                | Agan  | it signature require | ADDITIONS/CHANGES TO OFFICERS AND   | DIRECTO         | PC IN 12       |
| TITLE  | D  | DELETE                        |                    | 1 F   |                      | ADDITIONS/CHANGES TO OFFICEAS ANI   | Change          |                |
| NAME   | THIEF OLIOAN M   |                               |                    | 1.2 NAME  |                      |   |                 |                |
| STREET ADORESS   | 4454.05  |                               | 1.3 STREET ADDRESS |   | ADDRESS              | •   |                 |                |
| CITY-ST-ZIP  | TIERRA VERDE FL 33715  |                               | 1.4 CITY-ST-ZIP    |   |                      |   |                 |                |
| TITLE  | D  | DELETE                        |                    |   |                      |   | Change          | Addition       |
| NAME   | HUFF, NORMAN H   | <del></del>                   | 2.2 NA             |   |                      |   |                 |                |
| STREET ADDRESS   | 138 E 11TH ST  |                               |                    |   | ADDRESS              |   |                 |                |
| CITY-ST-ZIP  | TIERRA VERDE FL 33715  | 1 00745                       |                    | 2.4 CITY-ST-ZIP                                       |                      |   |                 |                |
| TITLE  |  | DELETE                        |                    | 3.1 TIPLE   |                      | **************************************  | Change          | Addition       |
| NAME   | <del></del>  |                               | 1                  | 3.2 NAME  |                      |   | ,               | _              |
| STREET ADDRESS   |  |                               | i i                |   | ADDRESS              |   |                 |                |
| CITY-ST-ZIP  |  |                               | 3.4. CI            |   |                      |   |                 |                |
| TITLE  |  | DELETE                        |                    |   |                      |   | Change          | Addition       |
| NAME   |  |                               | 4. 2 N             | AME   |                      |   |                 |                |
| STREET AODRESS   | ·  |                               | 4.3 ST             | REET A  | ADDRESS              |   |                 |                |
| CITY-ST-ZIP  |  |                               | 4.4 CIT            | Y-ST  | -ZIP                 |   |                 |                |
| TITLE  |  | ☐ DELETE                      |                    |   |                      |   | Change          | ☐ Addition     |
| NAME   |  |                               | 5.2 NA             | ME  |                      |   |                 |                |
| STREET ADDRESS   |  |                               | 5.3 ST             | REET A  | ADDRESS              |   |                 |                |
| CITY-ST-ZIP  |  |                               | 5.4 CIT            |   |                      |   |                 |                |
| TITLE  |  | DELETE                        |                    |   |                      |   | Change          | Addition       |
| NAME   |  |                               | 6.2 NA             | ME  |                      |   |                 |                |
| STREET ADDRESS   |  |                               |                    |   | ADDRESS              |   |                 |                |
| CITY-ST-ZIP  |  |                               | 6.4 CIT            |   |                      |   |                 | }              |
|  | ertify that the information supplied                         | with this filing does not qua |                    |   |                      | Section 119.07(3)(i), Florida Statutes, I further ce                                    | ertify that the | e information  |

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 frue 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.

SIGNATURE: Lusan M. Hulf Susan M. Huff

Susan M Huff 2/22/98 813 864-328

E034 (10/97)