## 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

DOCUMENT # P93000069206 (9)

Country

BROWN, CALVIN B ESQ 756 BEACHLAND BOULEVARD

**VERO BEACH FL 32963** 

9. Name and Address of Current Registered Agent

HURLEY, INC.

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

22

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24

Principal Place of Business Mailing Address
3241 8. OCEAN DR. 3396 SELVITZ ROAD
VERO BEACH FL 32963 FORT PIERCE FL 34961-4719
US

28

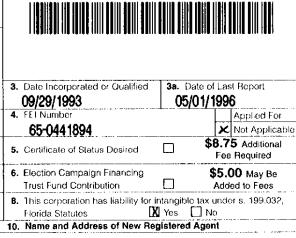
29

2a. Mailing Address

City & State

Suite, Apt. #, etc

## FILED May 07 1997 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 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, and accept the obligations of, Section 607.0505, Florida Statutes.

Country

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Name

Street Address (P.O. Box Number is Not Acceptable)

SIGNATURE .	Stanature, typed or printed name of reputured agent and t	tte if nonlicable. (NOT)	: Hea stored Age it signature requi	red when reinstabrig) DATE	
2.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TLE	0	DELETE	1.1 TITLE	Change	Addition
IAME .	HURLEY, R. SCOTT		1.2 NAME		
TREET ADDRESS	3398 SELVITZ ROAD		1.3 STREET ADDRESS		
CITY-ST-ZIP	FORT PIERCE FL 34981		1.4 CITY - ST - ZIP		
TLE	D	☐ DELETE	2.1 TITLE	Change	Addition
IAME	HURLEY, MICHELLE		2.2 NAMf		
STREET ADDRESS	3398 SELVITZ ROAD		2.3 STREET ADDRESS		
HTY-ST-ZIP	FORT PIERCE FL 34981		2 4 C(1Y-ST-Z)P	<u> </u>	
ITLE		☐ DELFTE	3 1 TITLE	☐ Change	Addition
IAME			3.2 NAME		
TREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY - \$1 - 7IP		
ITLE		☐ DELETE	4.1 TIT\ F	Change	Addition
IAME [			4 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		☐ DELETE	5 1 TITLE	Change	Addilio
IAME			5 2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CITY-ST-ZIP			5.4.C/1Y-S1-Z/P		
TITLE		DELETE	61 TOLE	Change	Addition
NAME			6.2 NAME		
STREET ADDRESS			63 STREET ADDRESS		

14. I do 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 truster empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chayged for on an attachment with an address.

MONATURE House

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