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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000078469 (2)

1. Corporation Name HUNTER'S GROVE, INC. Principal Place of Business Mailing Address 3693 N.W. 124TH AVENUE CORAL SPRINGS FL 33065 Mailing Address CORAL SPRINGS FL 33065										
						3. Date Incorporated or Qualified		te of Lest F	Report	
2. Principal Place of Business		2a. Mailing Address	2a. Mailing Address			11/04/1993 4. FEI Number	04/	15/1996 A	pplied For	┧
21		26	 			65-0467369			ot Applicable	1
Suite, Apil. #, etc 22		Suite, Apt. #, etc.			5. Certificate of Status Desired		•	Additional lequired		
City & Stati	e.	City & State			6. Election Campaign Financing		\$5.00	May Be]	
23		Zip Country				Trust Fund Contribution			to Fees	ļ
7ip 24	Country 25	Zip	29 30			This corporation has liability for intangible tax under s. 199.032, Florida Statutes				
24	9. Name and Address of Curro		·_ 1 1			10. Name and Address of New Registered Agent				
WEI	NBERG, STEVEN A		8	1 Na	me	· · · · · · · · · · · · · · · · · · ·			H-Many	
	PETERS ROAD			12 St	eet Addre	ess (P.O. Box Number is Not Acceptat	ole)			┨
PLA	NTATION FL 33324]
			8	33						
	;		Ē	34 Ci	ly			85 Zip	Code	1
44 Divouent	to the provinces of Continue 607 Of	i02 and 607 1609. Florida Sta	tutos the she	1	mad corp	oration submits this statement for the	FL	obanoina i	ite registered	┨
office or r	egistered agent, or both, in the Sta	te of Florida. Such change wa	s authorized	by the	corporati	oration submits this statement for the pon's board of directors. I hereby acce	pt the app	ointment as	registered	l
	rn tanilitar with, and accept the obli	gations of, Section 607.0505,	Florida Statu	tes.						
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable (N	IOTE: Registered /	Agent sig	nature require	ed when reinstating)	DATE			
12.	OFFICERS A	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICE	ERS AND	DIRECTO	RS IN 12]8
THE	D	DELETE	1.1 TITL	£]			Change	Addition	96/6/
NAME	WILEY, THOMAS W		1.2 NAM	Œ						E034
STREET ADDRESS	3693 N.W. 124TH AVENUE	and the second s		1.3 STREET ADDRESS						լը
C-TY+ST-ZIP	CORAL SPRINGS FL 33065	DELETE		-ST-ZIP	<u> </u>		, _	Channe	T dading	β
THILE		☐ DETESE	8	21 TITLE 2.2 NAME				Change	Addition	1
NAME OLIVET ABBUTEO		The state of the s								
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CHY-ST-ZIF	The state of the s		3.1 TITL		<u>_</u>			Change	Addition	1
NAME			3.2 NAM		ĺ					ĺ
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City-St 2iP			3.4. CIT	Y-ST-ZII	,]					
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NAME			4. 2 NAME		Į					}
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CCTY - S1 - 7IP				/-ST-ZIF				17 a.		1
TITLE		☐ DELETE		5.1 TITLE				Change	Addition	
NAM8			1	5 2 NAME						
STREET ADDRESS				5.3 STREET ADDRESS						
CHY-ST ZII:		DELETE	5 4 City 61 TiTL	/ - ST - Z4P F		P		Change	Addition	1
NAME			6.2 NAM					- Similar		1
STREET ADDRESS				ni. EET ADDE	IESS					
CHY-ST ZIP				1-57-ZIF	į.					-
	by certify that the information suppl	ied with this filing does not au				in Section 119.07(3)(i), Florida Statute	s. I further	certify tha	t the	1

4. 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 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 changes or on an attact ment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

4/10/97 (984/755-793.

FILED

Apr 15 1997 8:00am

Secretary of State