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P94000003415 (4)

PROFIT CORPORATION ANNUAL REPORT

1998

DOCUMENT #



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 11 1998 8:00am Secretary of State

| FRANK A. HUHLEY, INC. | • |
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|--|-----------------|--|-------------------|---|----------------------------|-------------|-------|-------------------|---|
| Principal Place of Business Mailing Address | | | | | | | | | |
| 5626 GARFIELD ST. 5626 GARFIELD ST. HOLLYWOOD FL 33021 | | | | | DO NOT WRITE IN THIS SPACE | | | | |
| | | | | | | | | | 3. Date Incorporated or Qualified 01/06/1994 |
| 2. Principal P | Place of Busin | ess | 28 | . Mailing Ad | dress | | | | 4. FEI Number Applied For |
| 21 | | | 26 | | | | | | 65-0462267 Not Applicable |
| Suite, Apt. | #, etc. | | | Suite, Apt | #, etc. | | | | 5. Certificate of Status Desired S8.75 Additional |
| 22 | | | 27 | ·· = • ·· · · · · · · · · · · · · · · · | | | | | Fee Required |
| City & Stat | le | | \vdash | City & Sta | le | | | | 6. Election Campaign Financing \$5.00 May Be |
| 23 | | Country | 28 | 7 | | | | | Trust Fund Contribution |
| Zip | ŀ | Country | | Zip | | L Cou | intry | , | 8. This corporation owes or has paid the current year Intangible |
| 24 | | 25] and Address of Cu | [29] | tered Ager | | 30 | г | | Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent |
| 내 | JRLEY, FRA | | TOTAL TROUBLE | stored Agor | | | 81 | Name | 10, Maille and Address Of New Heylstered Agent |
| | 26 GARFIEL | | | | | | | | |
| | DLLYWOOD | | | | | | 62 | Street Adi | Idress (P.O. Box Number is Not Acceptable) |
| *** | JEL 1 1100D | T L 33021 | | | | | 83 | | |
| | | | | | | | | | |
| | | | | | | | 84 | City | FL 85 Zip Code |
| office or r | registered ago | ons of Sections 607, ont, or both, in the S th, and accopt the o | tate of Flori | da Such ch | ango was a | authorize | d by | the corpora | propration submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered |
| SIGNATURE | | | | | | | | | |
| SIGNATURE | Signature typod | or printed name of registern | d agent and title | sil applicable | (NOT | E Registere | d Age | ent aignature req | quired when reinstating) DATE |
| 12. | · | OFFICERS | AND DIRE | | | 13. | | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| TITLE | D | | | | DELETE | 1.1 () | TLE | İ | Change Addition |
| NAME | | , FRANK A | | | | 1.2 N | AME | | |
| STREET ADDRESS | | ARFIELD ST. | | | | 1.3 S | TAEET | ADDRESS | |
| CITY-ST-ZIP | HULLTY | VOOD FL 33021 | | | | 1.4 CI | TY-S | T-ZIP | |
| TITLE | | | | L | DELETE | 2.1 T(| TLE | | Change Addition |
| NAME | | | | | | 2.2 N | | | |
| STREET ADDRESS | | | | | | 2.3 \$1 | TASET | ADDRESS | |
| CITY-ST-ZIP | · · · | | | | DELEY! | | | SI-ZIP | |
| TITLE | | | | Ц | DELETE | 3.1 TI | | | ☐ Change ☐ Addition |
| NAME | | | | | | 3.2 N/ | | | |
| STREET ADDRESS | | | | | | | | ADDRESS | |
| CITY-ST-ZIP | | | | | DELETE | | | ST-ZIP | Obassa di Addition |
| TITLE | | | | | DELETE | 4.1 18 | | - | Change Addition |
| NAME | | | | | | 4. 2 N | | | |
| STREET ADDRESS | | | | | | | | ADDRESS | |
| CITY-ST-ZIP | | | | | DELETE | 4.4 CI | | 1-ZIP | Change Addition |
| TITLE | | | | Ц | DELL'IL | 5.1 TJ | | | L_; Change L_j Addition |
| STREET ADDRESS | | | | | | 5.2 N/ | | ADDRESS | |
| | | | | | | | | ADDRESS | |
| CITY-ST-ZIP TITLE | | | ···· | | DELETE | 5.4 CI | | 1-ZIP | ☐ Change ☐ Addition |
| NAME | | | | ب | DELLIE | 6.1 17 | | 1 | C CHARGE C ACCUSION |
| STREET ADORESS | | | | | | 6.2 N/ | | ADDOCCO | |
| | | | | | | | | ADDRESS | |
| CITY-ST-ZIP | 1 | | | | | 6.4 Cf | 17-5 | 1-212 | |

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 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 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 altachment with an address.

SIGNATURE: