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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # P940000 35882 HUGTHES & ASSOCIATES INC

Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90078 045 ***158.75

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Principal Place of Business	Mailing Address		-		
*	Wildling / Ida/000				
1					
			DO NOT WRITE	IN THIS SPACE	
s			3. Date Incorporated or Qualifed		
			///AY 12 19	794	
2. Principal Place of Business	2a. Mailing Address	$\mathcal{L}_{\mathcal{L}}$	4. FEI Number	`	plied For
21 3425 LAKE CENTER DE	, 26 3425 LAK	4 Cure Pen	£ 59-324700		t Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75	
22 SUITE 1	27 SUITE /			Fee Re	<u></u>
City & State	City & State	E	6. Election Campaign Financing	\$5.00	• •
23 MI WEA, FL	28 MT DOCA	Country	Trust Fund Contribution	Added t	o Fees
Zip Country	29 32227 3	0 USA	 8. This corporation owes the current- Personal Property Tax. 	year-Intangible ☐ Yes	<u>4</u> 10
9. Name and Address of Current		30 0 3,7	10. Name and Address of New Regi		
5. Name and Address of Curren	t (tegistered Agent	81 Name 7	7 7- //	A .	
			, FRANCIS HU	CAMES	
	,	82 Street Addr	ress (P.O. Box Number is Not Acceptable	Den	
		83 540	25 LAXA CELTAR	1000	<u>z</u>
		5017	E /		
		84 City	- 0-04	FL 85 Zip C	Code クCク
11. Pursuant to the provisions of Sections 607.0502	2 and 607 1508 Florida Statutes	the above-named com	poration submits this statement for the pur	nose of changing its	registered
office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligat	of Florida, Such change was aut	horized by the corporation	on's board of directors. I hereby accept th	e appointment as reg	gistered
agent. I am familiar with, and accept the obligat			de la seconda	20 10	
		Three is 170		47 11 C 14	- C
SIGNATURE Superior company of redistance sent			nd when reinstating)	DATE S///	
Signature, typed or printed name of registered agent	t and title (Applicable (NOTE: R	Registered Agent signature requirer	d when reinstating) ADDITIONS/CHANGES TO OFFIC		RS IN 12
SIGNATURE Sephature, typed or granted name of registered agent 12. OFFICERS AN TITLE	t and title (Applicable (NOTE: R	tegistered Agent signature requirer 13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTO	RS IN 12
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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 one an attachment with an address, with all other like empowered.