

# FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #**

P94000072834

1. Corporation Name

N-317, Inc.

100001840501  
-05/28/96--01027--025  
\*\*\*208.75

Principal Place of Business

Mailing Address

14850 N.W. 44th Court, Suite 146  
Opa Locka Airport, Miami, FL 33504

2. Principal Place of Business

2a. Mailing Address

21

26

OPA LOCKA AIRPORT, BLDG 102  
14850 NW 44TH COURT, #146  
OPA LOCKA, FL 33504-2327

Suite, Apt. #, etc.

City & State

24

Zip

Country

25

Zip

29

Country

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

10-04-94

3a. Date of Last Report

4. FEI Number

☒ Applied For  
☒ Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

**\$5.00** May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

LAW OFFICES OF  
ED BUSH & ASSOCIATES, PA  
OPA LOCKA AIRPORT, BLDG 102  
14850 NW 44TH COURT, #146  
OPA LOCKA, FL 33504-2327

81. Name

82. State

83. City

84. City

LAW OFFICES OF  
ED BUSH & ASSOCIATES, PA  
OPA LOCKA AIRPORT, BLDG 102  
14850 NW 44TH COURT, #146  
OPA LOCKA, FL 33504-2327

85. Zip Code

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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

*[Signature]*  
Signature of person named as registered agent and the filer (24b)

*PRESIDENT*

(NOTE: Registered Agent Signature required when reappointing)

DATE

4-5-96

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE  
NAME Charles L. Hunt, Jr.  
STREET ADDRESS 1685 W. Comm. Blvd # 42-A  
CITY-ST-ZIP Ft. Lauderdale, FL 33309

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

P/D ☐ Change ☒ Addition  
NAME Frank Furr  
STREET ADDRESS OPA LOCKA AIRPORT, BLDG 102  
CITY-ST-ZIP 14850 NW 44TH COURT, #146  
OPA LOCKA, FL 33504-2327

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 or changed on an attachment with an address.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Frank Furr

4-5-96

Date

3-5-688-3290

Daytime Phone

CP2E034 (12/95)