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

PROFIT CORPORATION ANNUAL REPORT



. FLORISM DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

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DOCUMENT #

HUBKOR CORPORATION

| Principal Place of Business |
|-----------------------------|
| 6042 PERTHSHIRE LANAE |
| FT MYERS FL 33908 |

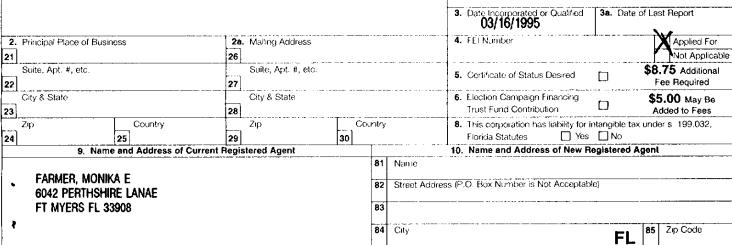
TITLE

NAME

STREET ADDRESS.

Mailing Address

6042 PERTHSHIRE LANAE FT MYERS FL 33908



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.

| 12. | OFFICERS AND DIRE | OFFICERS AND DIRECTORS | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN | | |
|----------------|------------------------|------------------------|----------------------|--|--|--|
| TITLE | D | DELETE | 1 1 TITLE | Change Additio | | |
| NAME | eberle, Kornelia H | | 12 NAME | | | |
| STREET ADDRESS | BENEDIKTWEG 16,D-88273 | | 13 STREET ADDRESS | | | |
| CITY-ST-ZIP | FRONREUTE GERMANY | | 1.4 CITY - \$1 - ZIF | | | |
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| IAME | | | 2.2 NAME | | | |
| STREFT ADDRESS | | | 2.3 STREET ADDRESS | | | |
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| IAME | | | 3.2 NAME | | | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | | | |
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| NAME | | | 4.2 NAME | | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | | |
| CiTY-ST-ZiP | | | 4.4 CITY - ST - 7IF | | | |
| ITLE | | DELETE | 5 1 TITLE | ☐ Change ☐ Addition | | |
| NAME | | | 5.2 NAME | m.m. 3-19-91 | | |
| STHEET AUDRESS | | | 5.3 STREET ADDRESS | 2 10 0 | | |
| כול ופ עלום | | | 5.4 CHV. \$1.7P | 3-19-91 | | |

CITY - ST - ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualfy 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 if changed, or on an attachment with an address.

6 1 TITLE

6.2 NAME

6.3 STREET ADDRESS 6.4 CHTY - ST - ZIP

DELETE

SIGNATURE: Kornelia Cherle D Kornelia Eberle 1/31/96 341-542-8611

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