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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DE PARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000044970 (8)

HUDDLESTON & ASSOCIATES, INC.

Country

Principal Place of Business 617-10 DELANEY AVE. ORLANDO FL 32801

Suite, Apt. #, etc

City & State

21

22

23

24

Ζιρ

2. Principal Place of Business

Mailing Address

P.O. BOX 2111 ORLANDO FL 32802

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

FILED Feb 17 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

8. This corporation owes or has paid the current year Intangible

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

3. Date Incorporated or Qualified

NOT APPLICABLE

5. Certificate of Status Desired

6. Election Campaign Financing

Personal Properly Tax due June 30.

Trust Fund Contribution

06/06/1995 4. FEI Number

g, Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
HUDDLESTON, JAMES W 617-10 DELANEY AVE. ORLANDO FL 32801		61	Name	е	
		82	82 Street Address (P.O. Box Number is Not Acceptable)		
		83			
		84	City	es Zip Code	
			City	FL S E S S S S S S S S	
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. Thereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE Signature typed or predictions of replaced way. As of the diapple at a (NOT): Registered Agent signature required when reinstalling) DATE					
		ou Age	п вапац		
12.		TITLE		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition	
1				Single Maskeri	
NAMÉ		1.2 NAME		i i	
STREET ADDRESS	ODI ANDO EL GODO	1.3 STREET ADDE		S	
CITY - ST - ZIP		1.4 CITY-ST-ZIP		Change Addition	
TITLE		2.1 TITLE 22 NAME		El cualdo El vantion	
NAME STREET ADDRESS			ADDRESS		
CITY-ST-ZIP					
TITLE	The state of the s	2.4 CITY-S 3.1 TITLE		☐ Change ☐ Addition	
NAME	. 32	NAME		_ , _	
STREET ADDRESS	333	33 STREET A		s i	
CITY-ST-ZIP	3.4.	3.4. CITY - ST - ZIP			
TITLE	DELETE 4.1	4.1 TITLE		Change Addition	
NAME	4.2	4. 2 NAME			
STREET ADDRESS	4.3:	STREET	ADDRESS	s i	
CITY-ST-ZIP		CITY - S	st - ZIP		
TITLE	DELETE 51	TITLE		Change Addition	
NAME	52	NAME			
STREET ADDRESS	5.33	STREET	ADDRESS	S	
CITY-ST-ZIP		5 4 CITY-ST-21			
TITLE		6.1 TITLE		☐ Change ☐ Addition ☐	
NAME	62	62 NAME			
STREET ADDRESS		6.3 STREET A		s (
CITY-ST-ZIP		CITY - S		and in Continue of	
1. Thereby 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 suppliemental 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 after himself with an address.					

Country