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

PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # 1. Corporation Name P95000054266 (8)

GARY HUNT ROAD CORP.

Principal Place o	of Business	Mailing Address		ı inneinne iin falal aliif anili fikti	7 00311 00101 01111 01 <b>610 1981 0</b> 13 <b>10 0</b> 111; 1 <b>98</b> 5
1570 MADRUS SUITE 311		1570 MADRUGA AVE SUITE 311			
CORAL GABL	ES PL 33146	CORAL GABLES FL (	331 46	<ol> <li>Date Incorporated or Qualified 07/10/1995</li> </ol>	3a. Date of Last Report
<b>2.</b> Principal Ptac	ce of Business	2a. Malling Address		4. FEI Number	Applied For
21		26		65-0625370	Not Applicable
Suite, Apt. #,	, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		Election Campaign Financing     Trust Fund Contribution	S5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for	<del></del>
24	25	[29]	30		□No
	9. Name and Address of Curi	rent Registered Agent		10. Name and Address of New R	legistered Agent
			81 Name		
	N, WILLIAM C		82 Street Addr	ess (P.O. Box Number is Not Acceptab	ole)
	idruga ave				
SUITE 3			83		
CORAL (	GABLES FL 33146		84 City	· · · · · · · · · · · · · · · · · · ·	<b>85</b> Zip Code
					FL   S   Z   F COOC
11. Pursuant to or registere	o the provisions of Sections 607.05 of agent, or both, in the State of FI	502 and 607.1508, Florida Statu orda: Such change was authori;	tes, the above-named corpor zed by the corporation's boar	ration submits this statement for the pur rd of directors. I hereby accept the app	rpose of changing its registered office ointment as registered agent. I am
familiar with	n, and accept the obligations of. Se	ection 607.0505, Florida Statute	S.		on who have the properties and a second of the second of t
SIGNATURE _					
12.	gnative, typed or printed name of registered at OFFICEDS:	AND DIRECTORS	OFE Skipshered Agent signar inches ine	*	DAIL
TITLE	D	DELETE	13.	ADDITIONS/CHANGES TO OFF	Change Addition
NAM!	SUSSMAN, WILLIAM C	_ v.cc.	1.2 NAME		Change Addition
STREET ADDRESS	1570 MADRUGA AVE, SUI	TE 911	1.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL 33146				
TIFLE	OOMAL GADLES I'E 33140	DELETE	1.4 CITY - ST - ZIF 2.1 TITLE		Change Addition
NAME			2 2 NAME		C. samage
STREET ADDRESS			2 3 STREET ADDRESS		
City St-ZiP			2 4 C(TY - ST - Z)F		
Total		☐ DELETE	3 1 TILLE		Change Addition
NAME			3 2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
City-St-ZiP			3.4 CHY-S1-2IF		
THILE		☐ DELETE	4 1 TILLE		Change Addition
NAME			4 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CiTY - ST - ZiP			4.4 CHTY - ST - ZIP		
TiTLE		DELETE	5 1 THLE		Change Addition
NAME			5 2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
C+13 - \$1 - ZIP			5.4 CHY+ST+ZIF		
1.116		☐ DELETE	6 1 TITLE		Change Addition
NAME			6 2 NAME		
STREET ADDRESS			6 3 STREET ADDRESS		
C-1Y-ST-ZIP	no all the state of the state of	and the modern control of the second	6 4 CHY - ST - ZIF		27/04
certify that to oath; that I	the information indicated on this a	nnual report or supplemental and poration or the receiver or truste	nual report is true and accura se empowered to execute thi	or the exemption stated in Section 119 ale and that my signature shall have the is report as required by Chapter 607, Fl	same legal effect as if made under

SIGNATURE:

MANAMASIGNATURE AND TYPED OFFICER OR DIRECTOR

2/29/96

305-662-1991

R2E034 (12/95)