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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P95000083071 (7)

HUTCHINSON ATLANTIC CORPORATION

Principal Place of Business Mailing Address

FILED Mar 30 1998 8:00am Secretary of State

12804 SOUTH MIAMI FL 331	-WEST 122ND AVENUE 86	12804 SOUTHWEST 122N MIAMI FL 33186	id avenue		DO NOT WRITE IN 3. Date Incorporated or Qualified	THIS SPACE	Ē	\neg
					10/30/1995			
			2a. Mailing Address		4. FEI Number		Applied For	\Box
21 Cuito Ani	# 010	26			65-0624966		Not Applicabl	е
Suite, Apt	. #, ө.с.	Suite, Apt. #, etc.	-		5. Certificate of Status Desired		.75 Additional see Required	
City & Sta	le	City & State			Election Campaign Financing Trust Fund Contribution		5.00 May Be	
Zip 24	Country	Zip	Zip Country		8. This corporation owes or has paid the current year Intangible			
24	25 9. Name and Address of Currer	29	[30]		Personal Property Tax due June 30 10. Name and Address of New Regis			
140		THE STATE OF THE S		31 Name	to, found and reactors of from frogra	IOIOU ABOIL	·	\dashv
	'NNE, JOEL F. 804 SW 122 AVENUE		Ĺ				·	
	AMI FL 33186			Street Ad	ddress (P.O. Box Number is Not Acceptable)			
IVIW			ļ.	33				1
			Ī	34 City		85	Zip Code	\dashv
11 Purcuant	to the provisions of Sections 607 050	12 and 607 1609 Florida Statut	loc tho ph	L Damed o	exposeding submits this statement for the pure	FL]	-i iti-t	_
office or	registered agent, or both, in the State	of Florida, Such change was	authorized	by the corpo	orporation submits this statement for the purp ration's board of directors. I hereby accept the	ne appointme	ging its registeret ent as registered	'
	am familiar with and account the obliga	ations of Section 607.0505, FI	orida Statu	tes.	2/20/5/		rere Por	
SIGNATURE	Signature, typed graphic ed name of registered ago	ont and title if applicable (NOI	E Registered	Agent signature re	// // //	DATE	<u> </u>	ر ا
12.	OFFICERS ANI		13.		ADDITIONS/CHANGES TO OFFICER		CTORS IN 12	9
TITLE	PD	DELETE	1.1 TITE	E		☐ CI	nange Addition	₩J.
NAME	WYNNE, JOEL 12804 SOUTHWEST 122ND AVENUE 1381		AE				2	
STREET ADDRESS			1.3 STR	EET ADDRESS				Ì
CITY-ST-ZIP	MIAMI FL 33186		1.4 CIT	-ST-ZIP				_ 6
TITLE	VSD	DELETE	2.1 TITL	ŧ		☐ CI	nange 🔲 Addition	ء اد
NAME	WYNNE, ERIC 22 NA		AE				İ	
STREET ADDRESS			EET ADDRESS					
CITY+ST-ZIP	MIAMI FL 33186	TT occurr		Y-ST-ZIP	:	·		_
TITLE	VTD	DELETE	3.1 7(7)			Cr	nange L Addition	1
NAME	WYNNE, MATTHEW	Lapa III IP	3.2 NAA					
STREET ADDRESS	12804 SOUTHWEST 122ND A	VENUE		EET ADDRESS				
CITY-ST-ZIP	MIAMI FL 33188	DELETE		Y-ST-ZIP		[7]		_
TITLE	VD NEWMAN, HARVEY	☐ Officie	4.1 TITU 4.2 NAI	1		L. Cr	nange 🔲 Addition	'
STREET ADDRESS	12804 SOUTHWEST 122ND A	VENITE		1				
CITY-ST-ZIP	MIAMI FL 33186	YENUE		EET ADDRESS				
TATLE	MIPANT I E 33 100	DELETE	5.1 TITL	'-ST-ZIP		□ Ci	nange I Addition	↲
NAME		Control December					iongo <u>alla</u> rodillo	1
STREET ADDRESS			5.2 NAM					
			5.2 NAM 5.3 STR					
			5.3 STR	EET ADDRESS				
CITY-ST-ZIP TITLE		☐ DELETE	5.3 STR	EE1 ADDRESS '-ST-ZIP		Пс	nange Addition	
CITY-ST-ZIP		☐ DELETE	5.3 STR 5.4 City 6.1 Titu	EET ADDRESS '-ST-ZIP E		☐ Cr	nange 🔲 Addition	ī
CITY - ST - ZIP TITLE		☐ DELETE	5.3 STR 5.4 CITY 6.1 TITL 6.2 NAM	EET ADDRESS '-ST-ZIP E		□ ¢r	nange 🔲 Addition	ì

14. Thereby certify that the information supplied with this filing does not possify 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 approved 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.

SIGNATURE: