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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Socretary of State

DIVISION OF CORPORATIONS

1996

P95000093137 (4) **DOCUMENT #** 1. Corporation Name

HUNTERS	8	JUMPERS,	INC.
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Principal Place of Business

Mailing Address



	Di Bilantoso	Maining Address						
6445 N.W. 55 MANOR CORAL SPRINGS FL 33067		6445 N.W. 55 MANOR Coral Springs fl 33	6445 N.W. 55 MANOR CORAL SPRINGS FL 33067					
					3. Date Incorporated or Qualified 12/07/1995	3a. Date	of La	st Report
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number			Applied For
Suite, Apt.	# elc				67.0693315		[	Not Applicable
22		Suite, Apt. #, etc. 27			5. Certificate of Status Desired			.75 Additional ee Required
City & State	e	City & State			<ol><li>Election Campaign Financing Trust Fund Contribution</li></ol>			5.00 May Be
Zip <b>24</b>	Country 25	Zip [29]	Country 30		8. This corporation has liability for i			
	9. Name and Address of Curr	ent Registered Agent			10. Name and Address of New R		Agent	
			81	Name				
4521 PG		ES,INC.	82	Street A	ddress (P.O. Box Number is Not Acceptab	le)		
SUITE 2			83	***************************************	W. C.			
PALM BI	EACH GARDENS FL 33418		84	City			85	Zip Code
familiar wit	th, and accept the obligations of, Sc	ction 607.0505, Florida Statutes	s, the above-r d by the corp	named corr oration's b	poration submits this statement for the purp oard of directors. I hereby accept the appo	oose of cha sintment as	nging registr	Its registered office ered agent. I am
	Signature, typed or printed name of registered ag-		L. Ragisterad Agen	l signature req	ulred when reinstating)	DATE		
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFI	CERS AND	DIREC	CTORS IN 12
TITLE	OUEDDY DOM	☐ DELETE	1. 1 TITLE	İ			] Char	
NAME	CHERRY, RON		1.2 NAMÉ					
STREET ADDRESS	% 6445 N.W. 55 MANOR		1.3 STREET	ADDRESS				
CITY-ST-ZIP	CORAL SPRINGS FL 33067		1.4 CITY - S	1-21P				
TITLE		☐ DEFEIE	2 1 THE				] Chan	nge 🔲 Addition
NAME	CHERRY, PAM		2.2 NAME					
STREET ADDRESS	% 6445 N.W. 55 MANOR CORAL SPRINGS FL 33067		23 STREET	ADDRESS				
CITY-ST-ZIP TITLE	D	Fibries	2.4 City-St	1-ZIP				
NAME	CHERRY, JUSTIN A	DELETE	3. 1 TITLE				] Chan	ge 🔲 Addition
STREET ADDRESS	% 6445 N.W. 55 MANOR		3 2 NAME					
CITY-ST-ZIP	CORAL SPRINGS FL 33067		33 STREFT					
TITLE	D	DELETE	3.4 CITY - ST 4.1 TITLE	ZIP			2 01	F 1100
NAME	CHERRY, JILL T	L_1 occur	4 FIIELE 4.2 NAME			L.	) Chan	ge 🔲 Addition
STREET ADDRESS	% 6445 N.W. 55 MANOR		4.2 NAME	ADDDESS				
CITY-ST-ZIP	CORAL SPRINGS FL 33067							
TITLE	D	[ ] DELETE	4.4 CITY - ST 5. 1 TITLE	-1112			L Chee	as [] Addit
NAME	CHERRY, SEAN B		5.2 NAME			L_	] Chan	ge
STREET ADDRESS	% 6445 N.W. 55 MANOR		5.3 STREET A	ADDB1 ce				
CITY-ST-ZIP	CORAL SPRINGS FL 33067		54 CITY-SI					
TITLE		☐ DELFTE	6 1 111LF	£1'			Chan	ge 🔲 Addition
NAME		<b></b>	6.2 NAME			L	, unan	go [_] Muulligil
STREET ADDRESS			6 3 STREET A	IDDB/SS				
DITY-ST-ZIP			6.4 CITY - ST	Į.				
44 Lala havel	and it that the last and the		u.v (111 - 51	. 7.0				

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 trusted 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 or an attachment with an address.

SIGNATURE:

Ron Cheny SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE OR DIRECTOR