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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

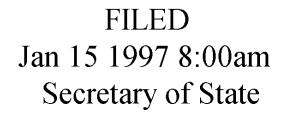
Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # **P96000008739** (0)

HULZING'S, INC.

	3
Principal Place of Business	Mailing Address
9859 OAK ST. MICCO FL 32976	9859 OAK ST. MICCO FL 32976-3105





Principal Place of Business 9859 QAK ST. MICCO FL 32976	Mailtrig Address 9859 OAK ST. MICCO FL 32976-310	-					
				3. Date Incorporated or Qualified 01/25/1996	3a. Da	ate of Last	Report
2. Principal Place of Business	2a. Mailing Address			4. FEI Number	· _	F	Applied For
51 10090 HOOF PIKIE H	(wy . 26)			45-063835	0	١	lot Applicable
Suite Apt. #, etc	Suite, Apt #, etc			5. Certificate of Status Desired	×		Additional Required
23 Vero Beach, TL	City & State			Election Campaign Financing Trust Fund Contribution			May Be
Zio Caupity	28] 7 (p	Count	rv				
24 37967 25 INDIAN	(1) 29	30	. ,	8. This corporation has liability for Florida Statutes	Yes [5. 199.032,
9. Name and Address of C			·	10. Name and Address of New Re	3		
HULZING, ED		8	1 Name				
9859 OAK ST. MICCO FL 32976		8	2 Street Add	ress (P.O. Box Number is Not Acceptat	ole)		
		8	3			*** 14	
		8	4 City			85 Zıp	Code
11. Pursuant to the previsions of Sections 60	02 0L02 aug 002 1609 Llorida (Statutos, the abo	un nomed cor	position submits this statement for the	FL		ite registered
office or registered agent, or both, in the agent, I am familiar with, and accept the SIGNATURE	e obligations of, Section 607.050	05, Florida Statut	es.			ointment a	s registered
\$55 latur (Medicine Addition) (Trends 12. Of EICEF	lerertagien and till et appellable RS AND DIRLCTORS	(NO1E Registered A	igent signature requ	ired when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE PERS AND	DIRECTO	APS IN 12
TITLE PO	DELET			ADDITIONS/CITATOES TO CITA	DEI 10 AIN	Change	
NAME HULZING, ED		1,2 NAM					
STREET ADDRESS 9859 OAK ST.			ET ADDRESS				
MICCO FL 32976			- ST - ZIP				
.TITLE VSTD	DELET				***************************************	☐ Change	Addition
NAME HULZING, SHARON		2.2 NAM	E				
STREET ADDRESS 9859 OAK ST.		2.3 STRE	ET ADDRESS				
CITY-ST-ZIP MICCO FL 32976			/-\$T-ZIP				
TITLE	☐ DEFE	E 31 THTL	E			L Change	Addition
NAME		3 2 NAM					
STREET ADDRESS			ET ADDRESS				
CITY-ST ZIF	DELET		/ST-ZIP			Change	Addition
NAME	ر المددر	4 2 NAM				onange	, LI FOGUDUI
STREE* ADDRESS			ET ADORESS				
CITY-SI-7IF			-ST-ZIP				
TITLE	DELE I					Change	Addition
NAME:		5.2 NAM	l E				
STREET ADDRESS		53 STRE	EET ADDRESS				
CITY - ST - ZIP		54 CITY	- ST - ZiP				
DITE	DELFT					☐ Change	Addition
NAME		6.2 NAM	lE				
STREET ADDRESS		6 3 STRE	EET ADDRESS				
CI3Y - ST - 719			· ST - ZIP				
44 I do horeby, codify that too information of	amoutical with this filing door not	an about the thank	vamotion state	id in Contion 110 07(21/i). Florida Ctabile	مطاحب المح	ur aardifu th.	at the

If do hereby 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 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 12 if changed or on an attachment with an address.