

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

FILED

Feb 11 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000008739 (0)

1. Corporation Name

HULZING'S, INC.



Principal Place of Business 6020 N. OLD DIXIE HWY VERO BEACH FL 32967 US	Mailing Address 9859 OAK ST. MIGCO FL 32976
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26	P.O. Box 259	01/25/1996	
Suite, Apt #, etc.		Suite, Apt #, etc.		4. FEI Number	
22		27		65-0638350	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28	Winter Beach FL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Zip	29	32971	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
25	Country	30			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HULZING, ED 9859 OAK ST. MIGCO FL 32976				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				3695 GRANT ROAD			
				83			
				84 City GRANT FL 85 Zip Code 32949			

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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
<input type="checkbox"/> DELETE				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE	PD			11 TITLE			
NAME	HULZING, ED			12 NAME			
STREET ADDRESS	9859 OAK ST.			13 STREET ADDRESS	3695 GRANT ROAD		
CITY-ST-ZIP	MIGCO FL 32976			14 CITY-ST-ZIP	GRANT, FL 32949		
TITLE	VSTD	<input type="checkbox"/> DELETE		21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HULZING, SHARON			22 NAME			
STREET ADDRESS	9859 OAK ST.			23 STREET ADDRESS	3695 GRANT ROAD		
CITY-ST-ZIP	MIGCO FL 32976			24 CITY-ST-ZIP	GRANT, FL 32949		
TITLE		<input type="checkbox"/> DELETE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				32 NAME			
STREET ADDRESS				33 STREET ADDRESS			
CITY-ST-ZIP				34 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				42 NAME			
STREET ADDRESS				43 STREET ADDRESS			
CITY-ST-ZIP				44 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				52 NAME			
STREET ADDRESS				53 STREET ADDRESS			
CITY-ST-ZIP				54 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				62 NAME			
STREET ADDRESS				63 STREET ADDRESS			
CITY-ST-ZIP				64 CITY-ST-ZIP			

14. I 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 13 if changed, or on an attachment with an address.

SIGNATURE: Sharon A. Hulzing 2/4/98 (561) 562-9005

CR2E034 (10/97)