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FILED

Apr 17 1997 8:00am
Secretary of StatePROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000023386 (1)

1. Corporation Name

HUGHES HALL IMADA, INC.



Principal Place of Business

4800 N. FEDERAL HWY., SUITE 104B
BOCA RATON FL 33431-5145

Mailing Address

4800 N. FEDERAL HWY., SUITE 104B
BOCA RATON FL 33431-5145

3. Date Incorporated or Qualified

03/11/1996

3a. Date of Last Report

N/A new company

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

4. FEI Number

65-0656727

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida StatutesYes ☐ No

9. Name and Address of Current Registered Agent

HUGHES, MOLLY
4800 N. FEDERAL HWY., SUITE 104B
BOCA RATON FL 33431-5145

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

TITLE D ☐ DELETE
NAME HUGHES, MOLLY
STREET ADDRESS 180 YACHT CLUB WAY, #102
CITY-ST-ZIP HYPOLUXO FL 33462TITLE D ☐ DELETE
NAME HALL, THOMAS A
STREET ADDRESS 124 EDMUND RD.
CITY-ST-ZIP HOLLYWOOD FL 33023TITLE D ☒ DELETE
NAME LEWIS, MICHAEL J
STREET ADDRESS 13845 YARMOUTH DR.
CITY-ST-ZIP WELLINGTON FL 33414TITLE VD ☒ DELETE
NAME IMADA, TSUTOMU
STREET ADDRESS 180 YACHT CLUB WAY, #102
CITY-ST-ZIP HYPOLUXO FL 33462TITLE VD ☐ DELETE
NAME Hall, Harvey
STREET ADDRESS 1125 Lisa Lane
CITY-ST-ZIP Bartow, FL 33830TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☐ Change ☒ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP2.1 TITLE VD ☒ Change ☒ Addition
2.2 NAME
2.3 STREET ADDRESS 1355 Adams Street
2.4 CITY-ST-ZIP 330193.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP5.1 TITLE ☐ Change ☒ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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

SIGNATURE:

Molly Hughes, President

4/13/97

(561) 394-7077

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)