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FILED
Mar 05 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000023386 (1)

1. Corporation Name

HUGHES HALL INC.



Principal Place of Business

Mailing Address

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

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

4701 N. Federal Hwy, Ste 350, B-3
LIGHTHOUSE POINT, FL 33064-6550

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/11/1996

4. FEI Number

65-0656727

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation ~~owes~~ has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 4701 N. Federal Hwy

Suite, Apt. #, etc.

22 350, B-3

City & State

23 Lighthouse Point, FL

Zip

Country

24 33064-6550

25

2a. Mailing Address

26 SAME

Suite, Apt. #, etc.

27 350, B-3

City & State

28 Lighthouse Point, FL

Zip

Country

29 33064-6550

30

9. Name and Address of Current Registered Agent

HUGHES, MOLLY

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

4701 N. Federal Hwy, Ste 350, B-3
LIGHTHOUSE POINT, FL 33064-6550

10. Name and Address of New Registered Agent

81 Name Molly Hughes

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

4701 N. Federal Hwy, Suite 350, B-3

83

84 City Lighthouse Point

FL

85 Zip Code 33064

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

Molly Hughes

Molly Hughes

2.27.98

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 PD ☐ DELETE

NAME HUGHES, MOLLY
STREET ADDRESS 180 YACHT CLUB WAY, #102
CITY-ST-ZIP HYPOLUXO FL

TITLE VD ☐ DELETE

NAME HALL, THOMAS A
STREET ADDRESS 1355 ADAMS ST
CITY-ST-ZIP HOLLYWOOD FL

TITLE VD ☐ DELETE

NAME HALL, HARVEY
STREET ADDRESS 1125 LISA LANE
CITY-ST-ZIP BARTOW FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

3000 E. Sunrise Blvd, #17C
Ft. Lauderdale, FL 33304

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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:

Molly Hughes

Molly Hughes

2.27.98

(954) 941-9095

CR2E034 (10/97)