

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90216 026 ***150.00

DOCUMENT # P96000023386

1. Corporation Name
HUGHES HALL INC.



Principal Place of Business
4701 N. FEDERAL HWY
350. B-3
LIGHTHOUSE POINT FL 33064-6550
US

Mailing Address
4701 N. FEDERAL HIGHWAY
STE 350. B-3
LIGHTHOUSE POINT FL 33064-6550
US

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 ☐ \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business
21 2101 N. ANDREWS AVE.

2a. Mailing Address
26 2101 N. ANDREWS AVE

Suite, Apt. #, etc.
22 406

Suite, Apt. #, etc.
27 406

City & State
23 FT. LAUDERDALE

City & State
28 FT. LAUDERDALE

Zip Country
24 33311-3949 25 BROWARD

Zip Country
29 33311-3949 30 BROWARD

9. Name and Address of Current Registered Agent

HUGHES, MOLLY
4701 N. FEDERAL HWY, SUITE 350 B-3
LIGHTHOUSE POINT FL 33064

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
2101 N. ANDREWS AVE
83 SUITE 406
84 City
FT. LAUDERDALE FL 85 Zip Code
33311-3949

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	PD	<input type="checkbox"/> DELETE
NAME	HUGHES, MOLLY	
STREET ADDRESS	3000 E. SUNRISE BLVD, #17C	
CITY-ST-ZIP	FT. LAUDERDALE FL 33304	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HALL, THOMAS A	
STREET ADDRESS	1355 ADAMS ST	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HALL, HARVEY	
STREET ADDRESS	1125 LISA LANE	
CITY-ST-ZIP	BARTOW FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	728 BRYAN PLACE
1.4 CITY-ST-ZIP	FT LAUDERDALE FL 33312-2595
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

2/1/99 954/563-1121

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0160977