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**

May 01, 1999 8:00 am Secretary of State

05-01-1999 90048 009 ***150.00

DOCUMENT # P96000024449

1. Corporation Name

HUNTER	DESIGN ASSOCIATES, I	NC.											
Principal Place of Business Mailing Address								1 10011100011111	, 1811A #1111 #8111	AMIN BRILL MEN		1818 1811 1881	
350 CAMINO GARDENS BLVD. BLDG. 6. STE. 100 BOCA RATON FL 33432 350 CAMINO GARDENS BLVD. BLDG. 6. STE. 100 BOCA RATON FL 33432								DO NOT WRITE IN THIS SPACE					
								02/26/1996		ed		ļ	
2. Principal P.	lace of Business	2a. Mailing	2a. Mailing Address					FEI Number			Ap	plied For	
21		26	26					65-0645833	}		No	t Applicable	
Suite, Apt.	#, etc.	Suite, A	Suite, Apt. #, etc.					Certifcate of St			\$8.75 A		
City & State	9		City & State				+-	Election Comp	aion Einancin		\$5.00	May Ba	
23		28	\vdash				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees						
Zip	Country	Zip	1					8. This corporation owes the current year Intangible					
24	25 29 30				•	Personal Property Tax.				☐Yes ☐No			
27	9. Name and Address of Current Registered Agent							10. Name and Address of New Registered Agent					
LITTLE, MONICA E					1	Name							
					_	O:	(5)	0.0.1	- :- NI-4 A	-A-LI-X			
350 CÁMINO GARDENS BLVD.					82 Street Address (P.O. Box Number is Not Acceptable)								
BLDG. 6, STE. 100					3								
BOCA RATON FL 33432				L									
				8-	Т	City				F	_		
office or n	to the provisions of Sections 607.0 egistered agent, or both, in the Stat m familiar with, and accept the obli	te of Florida. Such i	change was aut	horized b	y ti	named corp he corporation	oration on's bo	n submits this st eard of directors	atement for the line of the li	ne purpose o cept the app	of changing its ointment as re	registered gistered	
SIGNATURE										DATE			
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Register 12. OFFICERS AND DIRECTORS 13.					ent :	signature require		ADDITIONS/CH	ANCES TO C		ND DIDECTO	DC IN 12	
12.			☐ DELETE	13.				ADDITIONS/CH	ANGES TO	OFFICERS F	Change	Addition	
	D OTEDUEN II			1.2 NAME									
NAME	arrac, ordinari												
STREET ADDRESS					1.3 STREET ADDRESS								
CITY-ST-ZIP	BOCA RATON FL 33433-726		DELETE	1.4 CITY-		ZIP					☐ Change	Addition	
TITLE					2.1 T/TLE						Gridings		
NAME	LITTLE, MONICA E			2.2 NAME									
STREET ADDRESS					2.3 STREET ADDRESS							-	
CITY-ST-ZIP				1	2. 4 CITY-ST-ZIP						☐ Change	Addition	
TITLE				3.1 TITLE									
NAME				3.2 NAME									
STREET ADDRESS				1		ADDRE\$S	•						
CITY-ST-ZIP			(T) per ere	3.4. CITY	_	-ZIP				•	☐ Change	Addition	
TITLE	'		DELETE	4.1 TITLE		1							
NIANE				A 2 NAME		- 1							

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, of on an attachment with an address, with all other like empowered.

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

5.1 TITLE 5.2 NAME

61TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

☐ DELETE

DELETE

Change

Change

Addition

Addition