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PROFIT CORPORATION ANNUAL REPORT

1997

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SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Jan 14 1997 8:00am

Secretary of State

- 1 HARINGAN NIKA KANTUR SUKKA BANTUR BANTUR BANTUR BANTUR BANTUR BANTUR KANTUR DARAH KANTUR BANTUR BANTUR

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000052719 (7)

HUSH, INC.

| D : | - (F) | A delication of the second second | | | | | | |
|--|--|---|--|---|---|---|--|--|
| | | | iling Address | | | 7 19211927 112 1711 2211 2211 2211 2311 2311 231 | | |
| 9018 63RD AVE BRADENTON FL | | 9018 63RD A Bradenton | | 7 | | | | |
| | | | | | | 3. Date Incorporated or Qualified 3a. Date of Last Report 06/15/1996 | | |
| 2. Principal Pl | lace of Business | 2a. Mailing A | Address | | | 4. FEI Number Applied For | | |
| 21 | | 26 | 26 | | | 65-0677834 Not Applicable | | |
| Suite, Apt 1 | #, etc | Suite, Ap | Suite, Apt. #, etc. | | | 5 Certificate of Status Desired \$8.75 Additional | | |
| 22 | · · · · · · · · · · · · · · · · · · · | 27 | | | | Fee Required | | |
| City & State | 0 | +····) | City & State | | | 6. Election Campaign Financing \$5.00 May Be | | |
| Zip Country | | | 28 | | | Trust Fund Contribution | | |
| | Country | Zip | | Country | | This corporation has liability for intangible tax under s. 199.032, Florida Statutes | | |
| 24 | | 25 29 30). Name and Address of Current Registered Agent | | Florida Statutes May Yes No 10. Name and Address of New Registered Agent | | | | |
| LICIO | | one registered Age | | 81 | Nam | ······································ | | |
| | HEBECK, ROBERT | | | | | | | |
| | 63RD AVE., EAST DENTON FL 34202 | | | | 32 Street Address (P.O. Box Number is Not Acceptable) | | | |
| DHAL | UENTUN FL 34202 | | | 83 | 3 | | | |
| | | | | | | | | |
| | | | | 84 | City | ty B5 Zip Code | | |
| 11 Purcusant | to the provisions of Sections 607.0 | 502 and 607 1508 I | Florida Statut | es the abou | in-name | med corporation submits this statement for the purpose of changing its registered | | |
| CICNIATUDE | | | change was a 607.0505, Flo | authorized b orida Statute | by the co es. | corporation's board of directors. I hereby accept the appointment as registered | | |
| SIGNATURE. | Signatural typed or park or name of the system of a | gent and the Lappicable | (NO) | t: Hegistered Ag | gent signat | nature required when reinstating) DATE | | |
| 12. | OFFICERS A | ND DIRECTORS | | 13. | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
| TITLE | D | Ĺ | DELETE | 1 1 TITLE | | ☐ Change ☐ Additio | | |
| NAME | HUSHEBECK, ROBERT | | | 12 NAME | | | | |
| STREET ADDRESS | 9018 63RD AVE., EAST | | | 13 STREE | t addres | IESS | | |
| CITY - ST - ZIP | BRADENTON FL 34202 | | | 14 C/TY - | ST-ZIP | | | |
| TITLE | | L | DELETE | 2 1 TITLE | | VICE PRESIDENT Change Addition | | |
| NAME | | | | 2.2 NAME | | Richard Alence 9018 630 Ave East | | |
| STREET ADDRESS | | | | 23 STREE | T ADDRES | 1855 19018 630 Ave East | | |
| CITY - S1 - ZIP | | es | | 2 4 City | ST-ZIP | Bradentoni FL 34202 | | |
| TITLE | | L | DELETE | 3 1 TITLE | | Change Addition | | |
| NAME | | | | 3.2 NAME | | | | |
| STREET ADDRESS | | | | 3.3 STREE | T ADDRES | iESS | | |
| CITY-ST-ZIP | | | T | 34 City | | *************************************** | | |
| TITLE | | L |) DELETE | 4.1 TITLE | | ☐ Change ☐ Addition | | |
| NAME | | | | 4. 2 NAMI | | | | |
| STREET ADDRESS | | | | 4.3 STREE | T ADDRES | IESS | | |
| CITY-ST-ZIP | | - | T OF LETE | 4.4 CITY- | | | | |
| THILLE | | L | _J DELETE | 5.1 TITLE | | Change Addition | | |
| NAME | | | | 5.2 NAME | | | | |
| STREET ADDRESS | | | | | T ADDRES | | | |
| CITY-ST-ZIP | | | 7 65, 575 | 5 4 CITY- | ST-ZIP | | | |
| TITLE | | L | DELETE | 6.1 TITLE | | ☐ Change ☐ Addition | | |
| NAME | | | | 6.2 NAME | | | | |
| STREET ADDRESS | | | | 6.3 STREE | ET ADDRES | RESS | | |
| City - ST - ZIP | | *************** | | 6.4 CITY | | | | |
| 14. I do heret informatio I am an ol | by certify that the information support indicated on this annual report of the corporation | lied with this filing d ir supplemental ann or the receiver or tr | ioes not quali ual report is t ustee empow | ty for the extrue and acc vered to exe | emption curate a scute thi | ion stated in Section 119.07(3)(i), Florida Statutes. I further certify that the and that my signature shall have the same legal effect as if made under oath, the this report as required by Chapter 607, Florida Statutes; and that my name | | |

Robert Hushebeck 1/6/97