

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

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1998**



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

**DOCUMENT # P96000054424 (2)**  
1. Corporation Name

**SHOPPES OF HUNT CLUB ENTERPRISES, INC.**

**Principal Place of Business**

5979 N.W. 151ST ST.  
#240  
MIAMI LAKES FL 33014

**Mailing Address**

5979 N.W. 151ST ST.  
#240  
MIAMI LAKES FL 33014-2427

**FILED**

98 NOV 12 AM 11:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

**3. Date Incorporated or Qualified**

06/26/1996

**4. FEI Number**

APPLIED FOR 65-0741314  
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 or has paid the current year Intangible  
Personal Property Tax due June 30.**

☐ Yes ☐ No

**2. Principal Place of Business**

**2a. Mailing Address**

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip 25 Country

28 Zip 29 Country

**9. Name and Address of Current Registered Agent**

GILBERT, MARK  
5979 N.W. 151 STREET  
SUITE 240  
MIAMI LAKES FL 33014

**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 P ☐ DELETE  
NAME GILBERT, MARK  
STREET ADDRESS 5979 NW 151ST SUITE 240  
CITY-ST-ZIP MIAMI LAKES FL 33014

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
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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

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:**

**REQUIRED**

9/14/98

305 371-444

CR2E034 (10/97)