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

DOCUMENT # P96000054528

HUNTER-MANOR I, INC.

					4 2 (1)) 2 (2)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Principal Place of Business		Mailing Addrassman C. Sweet 6113 PLANTATION RD				
8464 NW 2ND STREET						
CORAL SPRINGS FL 33071		PLANTATION FL 33317		OO NOT MIDITE IN THIS SPACE		
US		COLEMAN C. SWEET		DO NOT WRITE IN THIS SPACE		
		Atte	orney at Law	3. Date Incorporated or Qualifed 07/01/1996		
		6113	Plantation Rd.			nlind For
2. Principal Pl	ace of Business	2a. Mailing Addres Planta	tion, FL 33317	4. FEI Number		plied For
21		26		65-0749864	 -	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 A Fee Re	
22		27				
City & State)	City & State		6. Election Campaign Financing	\$5.00	
23		28		Trust Fund Contribution	Added to	o rees
Zip	Country	Zip	Country	8. This corporation owes the current year li	ntangible	MAIL.
24	25	29 3	0	Personal Property Tax.		XNo
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered		
0.45	ET 0015HAN 0		81 Namey of	leman C. Sweet, a	Try, at A	aw
	ET, COLEMAN C			ess (P.O. Box Number is Not Acceptable)	71.	
-221 S ANDREWS AVE			CoFo	erringion, Suite 110		
-FT-LAUDERDALE FL-33301			83 /1195	F. Oakland PK. Bl	vd.	
			1117	E, Daniana III, Di	85 Zip (`ode
			84 City For	Thanderdale. Fl	L 83 2 2 2	₹06
11 Purcuant	to the provisions of Sections 607 0502	and 607.1508. Florida Statutes	the phone parmed corne	oration submits this statement for the nurnose (of changing its	registered
affice or r	egistered agent, or both, in the State of familiar with, and accept the obligat	ot Florida. Such chande was aut	norized by the corporatio	on's board of directors. I hereby accept the app	ointment as reg	gistered
agent. I a	m ramiliar with, and accept the obligat	ions of, Section 607.0003, Flork	Ja Statutos.			
SIGNATURE	Signature, typed or printed name of registered agen	and title if applicable (NOTE: F	Registered Agent signature required	d when reinstating) DATE		
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12
TITLE ,	PDST	☐ DELETE	1.1 TITLE		☐ Change	☐ Addition
l . 1	BLAND, JOSEPH G		1.2 NAME			
NAMÉ	8464 NW 2ND STREET		1.3 STREET ADDRESS			
STREET ADDRESS	CORAL SPRINGS FL 33071		1.4 CITY-ST-ZIP			
CiTY-ST-ZIP	COME SENINGS I'L SSOFT	DELETE	2.1 TITLE		Change	Addition
TITLE			2.2 NAME		_ `	_
NAME						
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-ST-ZIP			2. 4 CITY-ST-ZIP	<u> </u>	Change	Addition
TITLE		☐ DELETE	3.1 TITLE		Change	
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADORESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIP			
TITLE		☐ DELETE	4,1 TITLE		Change	☐ Addition
NAME			4. 2 NAME			
STREET ADDRÉSS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE		Change	☐ Addition
NAME			5.2 NAME			
STREET ADDRESS			. 53 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE		Change	☐ Addition
			6.2 NAME			
NAME			6.3 STREET ADDRESS			
STREET ADDRESS			J.O O MEET ADDRESS			

6.4 CITY-ST-ZIP

SIGNATURE:

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.

FILED

May 10, 1999 8:00 am Secretary of State

05-10-1999 90165 004 ***150.00