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

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

Feb 18 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # **P96000054645** (2)

## **HULLEY CORPORATION**

Principal Place 7961 GLADIOLU SUITE 301 FORT MYERS F	S DRIVE	Mailing Address 7961 GLADIOLUS DRIVE SUITE 301 FORT MYERS FL 33908-4149								
							<ol> <li>Date Incorporated or Qualified 06/26/1996</li> </ol>	3a. Dat	te of Last Re	poq
_ `	lace of Business	2a. Mailing Address			·		4. FEI Number		<del></del>	plied For
Suite, Apt.	# etc	Suite, Apt. #, etc.					65-0678835		\$8.75 A	t Applicable
22	W( 200	27				5. Certificate of Status Desired		Fee Re		
City & State	e	City & State					6. Election Campaign Financing		\$5.00	May Be
23		28	1 6				Trust Fund Contribution		Added t	
Zip	Country 25	Zip	30	ountry			8. This corporation has liability for i	_ ~ _	tax under s. ⊶No	199.032,
24	9. Name and Address of Curren		[30]	T-			10. Name and Address of New Re		D	
ZABI	OLOTNY, STEVE	<u> </u>		81	Name			=	-	
	49TH STREET NORTH			82	Street	Addre:	ss (P.O. Box Number is Not Acceptab	ile)		
	E 406-5				01.001					
PINE	ELLAS PARK FL 34666			83						
				84	City			FL	<b>85</b> Zip (	Code
office or r agent. La	to the provisions of Sections 607.0503 egistered agent, or both, in the State im familiar with, and accept the obliga	of Florida. Such change wa	as authoriz	ed by	the corr	corpo poratio	ration submits this statement for the p n's board of directors. I hereby accep	urpose of at the appo	changing its sintment as	s registered registered
SIGNATURE.	Signature, typical or printed name of registered ager	rt and title if applicable (f	NOTE: Rogiste	red Age	nt signature	e required	when reinstating)	DATE		
12.	OFFICERS AND		13				ADDITIONS/CHANGES TO OFFIC			
TIPLE P	HULLEY, Jarosla	LLEY, Jaroslaw —		TITLE					LI Change	☐ Addition
NAME STREET ADDRESS	7961 Gladiolus 1	# 201		1.2 NAME 1.3 STREET ADDRESS						
CITY - S1 - ZIP	Ft Myers, FL. 339	''	1.0		1.4 CITY - ST - ZIP					
TIFLE		DELETE		2.1 TITLE		1			Change	Addition
NAME			2.2	2.2 NAME						
STREET ADDRESS			2.3	STREET	ADDRESS		•			
CITY - ST - ZIP		DELETE		CITY - S	T-ZIP	ļ			Change	Addition
TITLE NAME				TITLE					Criainge	Addition
SIREET ADDRESS					ADORESS					
CITY - ST - ZIP			1	CITY - S						
TIFLE		DELETE	4.1	TITLE					☐ Change	Addition
NAME			4. 2	NAME						
STREET ADDRESS			4.3	STREET	ADDRE\$\$					
CHTY-ST-ZIP		Driete		CITY-S	T - ZIP	ļ			Change	Addition
TIFLE		☐ DELETE		THTLE					Change	Addition
NAME STREET ADDRESS				NAMÉ STREET	ADDRESS					
CITY-ST-ZIP				CITY-S						
TIFLE		DELETE		TITLE		<u> </u>	· · · · · · · · · · · · · · · · · · ·		Change	☐ Addition
NAME				NAME						
STREET ADDRESS			6.3	STREET	ADDRESS					
ČITV ČT. 7ID			<i>6.1</i>	nity_c	לול ז	1				

14. I do 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.