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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P96000063953 (9)

HUGE INC.

Principal Place of B	Principal Place of Business Mailing Address						r is brind by the latte delt does dant cour date ditte in the film film film film.	
4947 GULF BLVD. ST. PETERSBURG BEACH FL 33706			4947 GULF BLVD. ST. PETERSBURG BEACH FL 33708-2411					
							3. Date Incorporated or Qualified 3a. Date of Last Report 07/29/1996	
2. Principal Place o	of Business	2a. Mailir	ng Address				4. FEI Number Applied For 59-3395503 Not Applicable	
1		26					57-3395503 Not Applicable	
Suite, Apt #, etc).	Suite,	, Apt. #, etc.				Certificate of Status Desired S8.75 Additional Fee Required	
City & State		City 8	S State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip	Country	Zip			puntry	***************************************	8. This corporation has liability for intangible tax under s. 199.032,	
4	25	29	·	30			Florida Statutes Yes 🗹 No	
	Name and Address of Cur	rent Registered	Agent				10. Name and Address of New Registered Agent	
	LEEUE, TODD				81	Name		
. 4947 GUL					82	Street Add	Iress (P.O. Box Number is Not Acceptable)	
ST. PETE	rsburg beach fl 337	06						
•					83			
•					84	City	85 Zip Code	
					"	Oily	FL 8 2 P COOR	
	ne: typed or profed name of registered					ni signature requ	ried when reinstaling) DATE	
12.	OFFICERS	AND DIRECTORS		13			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
THTLE			☐ DELETE		TITLE		President Change Addition	
tame .					NAME	70	POR E. VANDGELEELTE 947 Gulf Blub	
STREET ADDRESS				1.3	STREET	ADDRESS Y	907 GULT BLV	
CITY - ST - ZIP			05,555		CITY - S	T-ZIP 3 7	. Aete Bch. FL. 33706	
TIILÉ			DELETE		TIFLE		Change Addition	
NAME				a d	NAME			
STREET ADDRESS						ADDRESS	ਚ 🗥	
City-SI-Zi ²			OFLETE		CITY-S	37 - ZIP	Change Addition	
TUTLE			DELETÉ		TITLE		Change Addition	
NAME					NAME			
STALET ADDRESS						ADORESS		
211y - \$1 - 20P			T per exe		CITY - S	ST-2IP	Taken Taken	
DTLE			DELETE	. 1	TITLE	ţ	☐ Change ☐ Additio	
NAME				4. 2	NAME			
STREET ADDRESS				. 4.3	STREET	address		
CHY+ST-ZIP	· · · · · · · · · · · · · · · · · · ·				CITY - S	T-ZIP		
MILE			DELETE	5.1	TITLE		Change Didditio	
NAM:				5.2	NAME	- 1	Modala	

6.4 CITY-ST-ZIP 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 proporation 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

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME **6.3 STREET ADORESS**

DELETE

STREET ADDRESS

STHEET ADDRESS

CITY-ST-ZIE

CITY - \$1 - 209

THE

NAME

COD VANDER LEGLIE 4/28/97

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May 09 1997 8:00am

Secretary of State