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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000078779 (1)

STAN HUBSHER, INC

FILED Jan 24 1997 8:00am Secretary of State



Principa! Place	e of Business	Mailing Address	3			i toktanda din inite dita: nistik dasa	MALLI MARTI SPARE	MAS CHANGE COM	IN 1846 1991
8211 HORSESHOE BAY ROAD BOYTON BEACH FL 33437			8211 HORSESHOE BAY ROAD BOYTON BEACH FL 33437-5043						
						Date Incorporated or Qualifie 09/20/1996	ed 3a. Da	ite of Last F	Report
	ace of Business	2a. Mailing Addr	ess		·····	4. FEI Number		A	oplied For
21		26				133 44 6883	F	N	ot Applicable
Suite, Apt	#, etc	Suite, Apt. #,	etc.			5. Certificate of Status Desired			Additional
22		27				5, Certificate of Status Desired	<i>)</i> =	Fee R	beniupe
City & State		City & State				6. Election Campaign Financing)	\$5.00	May Be
23		28				Trust Fund Contribution			to Fees
Zip	Country	Zip		Country		8. This corporation has liability		tax under s	. 199.032,
24	25	29	30	0		Florida Statutes	7	No	
<u> </u>	g. Name and Address of Curr	ent Registered Agent				10. Name and Address of New	Registered .	Agent	
	JFE, LARRY			81	Name				
200-	A JOHN KNOX ROAD			82	Street Add	dress (P.O. Box Number is Not Accep	otable)		
TAL	LAHASSEE FL 32303-6643						,		
				83		-			
				84	City			85 Zip	Code
				**	Only		FL	100 ZIP	0000
11. Pursuant l	o the provisions of Sections 607.08	502 and 607.1508, Florid	da Statutes	the above	-named co	rporation submits this statement for th	ne purpose of	changing i	ts registered
office or re	egistered agent, or both, in the Sta m familiar with, and accept the obli	ite of Florida. Such chan agains of Section 607	ige was auti 0505 Ekvio	horized by la Statutes	the corpora	ation's board of directors. I hereby ac	cept the app	ointment as	registered
•	Transition from the second from the second	ganono on abation con							
SIGNATURE	Signature, typed or printed name of registered a	agent and tice it applicable	(NOTE: F	Registered Age	int signature requ	uired when reinstating)	DATE		
12.		agent and tice it applicable	INOTÉ: F	Registered Age	nt signature requ	ulred when reinstating) ADDITIONS/CHANGES TO OF		DIRECTOR	RS IN 12
		·····			nt signature requ	· · · · · · · · · · · · · · · · · · ·		DIRECTOR	RS IN 12
12. TITLE	OFFICERS A	IND DIRECTORS		13. 1.1 TITLE	nt signature requ	· · · · · · · · · · · · · · · · · · ·		1	
12. TITLE NAME	OFFICERS A D HUBSHER, STANLEY	IND DIRECTORS		13. 1.1 TITLE 1.2 NAME		· · · · · · · · · · · · · · · · · · ·		1	
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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 507, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNING OFFICER OF DIRECTOR

0320963