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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATION:

	1998	DIVISION OF CO	RPURATIO	UNS	
l	MENT # P97000 IE HUGHES, INC.	0017105 (2)		-	A TORNADOL LINE KONSO ADENI ARANJ ROMIN ADVIN ARANJ NOSO KRODE NIDIJ DANGI DISE KOR
<u> </u>					
Principal Place	ce of Business	Mailing Address			
50 LORRAINE CRYSTAL BE	E STREET ACH FL 34681	P.O. BOX 802 Crystal Beach FL 34681			DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualified
					02/24/1997
	Place of Business	2a. Mailing Address			4. FEI Number Applied For Not Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			\$0.75 Addust
22		27			5. Certificate of Status Desired Fee Required
City & Sta	te	City & State	·		6. Election Campaign Financing \$5.00 May Be
Zip	Country	28	Country	,	Trust Fund Contribution Added to Fees
24	25	29 3	_ ´		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
	9. Name and Address of Current		<u> </u>		10. Name and Address of New Registered Agent
HU	IGHES, VALERIE		81	Name	3
50 LORRAINE STREET				Street	t Address (P.O. Box Number is Not Acceptable)
CR	YSTAL BEACH FL 34681			0	
			63		
			84	City	FL 85 Zip Code
11. Pursuant office or agent. La SIGNATURE	am familiar with, and accept the obligat	tions of, Section 607.0505, Florid	da Statutes	S.	d corporation submits this statement for the purpose of changing its registered rporation's board of directors. I hereby accept the appointment as registered
	Signature, typed or printed name of registered agen OFFICERS AND		Registered Age	ent signature	re required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	OFFICERS AND	DELETE	1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
NAME		E out	1.2 NAME		
STREET ADDRESS			1.3 STREET	ADDRESS	50 Locraine Street
CITY-ST-ZIP			1.4 CITY-S	IT-ZIP	Valerie Hughes 50 Lorraine Street Crystal Beach, FL 34681
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS	\		2.3 STREET	1	
CITY-ST-ZIP TITLE		DELETE	2. 4 CITY-5 3.1 TITLE	ST-ZIP	Change Addition
NAME		<u></u>	3.2 NAME		- Change Land House
STREET ADDRESS			3.3 STREET	ADDRESS	
CITY-ST-ZIP			3.4. CITY- S	ST-ZIP	
TITLE		DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET	1	
CITY-ST-ZIP		DELETE	4.4 CITY-S	T-ZIP	☐ Change ☐ Addition
TITLE NAME		oracle	5.1 TITLE 5.2 NAME		Cinalige — Addition
STREET ADDRESS			5.3 STREET	ADDRESS	
CITY-ST-ZIP			5.4 CITY - S		
TITLE		☐ DELETE	6.1 TITLE	-	Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET	ADDRESS	

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: Mallain Hughia

Valorie Hushes

8122198

913-785-4198

FILED

Mar 27 1998 8:00am

Secretary of State