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

CITY-ST-ZIP

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Block 12 or Block 13 if changed, or on an attachment with an addless.

**PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham FILED ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 98 JUN - 5 PM 3: 44 **DOCUMENT #** P97000049767 (1) SECRETARY OF STATE TALLAHASSEE, FLORIDA HUNTER ENTERPRISES, INC. OF PALM BEACH Principal Place of Business Mailing Address 9907C 62ND TERR. SO 9907C 62ND TERR. SO. **BOYNTON BEACH FL 33437 BOYNTON BEACH FL 33437** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/05/1997 2. Principal Place of Business 2a. Mailing Address Applied For 21 Not Applicable 26 Suite, Apt. #, etc. Suite, Apl. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zip Zip Country Country 8. This corporation owes or has paid the current year Intangible X Yes Personal Property Tax due June 30. ☐ No 30 24 25 29 Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 RICHARDS, KRISTEN V 9907C 62ND TERR. SO. 82 Street Address (P.O. Box Number is Not Acceptable) **BOYNTON BEACH FL 33437** В3 84 City 85 Zip Code FI 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statules. SIGNATURE Signature, typed or protect name of regelered agent and ottent applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. Addition DELETE Change TITLE 1.1 TITLE RICHARDS, EDWARD H NAME 1.2 NAME 9907C 62ND TERR. SO. STREET ADDRESS 1.3 STREET ADDRESS **BOYNTON BEACH FL 33437** CITY-ST-ZIP 1.4 CITY-ST-ZIP 400002552**色 [\*\*\*・- □ 29**\*\*\* -06/09/98--01061--021 DELFTE TITLE 21 TITLE NAME RICHARDS, KRISTEN V 2.2 NAME \*\*\*\*150.00 \*\*\*\*150.00 9907C 62ND TERR. SO. STREET ADDRESS 2.3 STREET ADDRESS **BOYNTON BEACH FL 33437** CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition 4.1 THLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - 7iP CiTY-ST-ZIP DELETE Change Addition 5 1 TITLE TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change / Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

64 CHY-ST-ZIP 14. Thereby certify that the information supplied with this filling 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 eath; that I am an officer or director of the corporation or the receiver or trustee employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if chaptered or true and taken an officer.