

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

FILED

Feb 03 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000099893 (4)**

1. Corporation Name
HUNWORTH, INC.

Principal Place of Business
**465 OCEAN DRIVE
UNIT 925
MIAMI BEACH FL 33139**

Mailing Address
**465 OCEAN DRIVE
UNIT 925
MIAMI BEACH FL 33139**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/24/1997

4. FEI Number

Applied For
☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business
21 **801 BRICKELL**

2a. Mailing Address
26 **801 BRICKELL**

Suite, Apt. #, etc.
22 **SUITE 900**

Suite, Apt. #, etc.
27 **SUITE 900**

City & State
23 **MIAMI, FLORIDA**

City & State
28 **MIAMI, FLORIDA**

Zip
24 **33131** Country

Zip
29 **33131** Country

9. Name and Address of Current Registered Agent

**SHAW, RONALD J
465 OCEAN DRIVE
UNIT 925
MIAMI BEACH FL 33139**

10. Name and Address of New Registered Agent

81 Name **FRANCIS WHITING**
82 Street Address (P.O. Box Number is Not Acceptable)
801 BRICKELL, SUITE 900
83
84 City **MIAMI** FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, 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 Statutes.

SIGNATURE, **Francis Whiting**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/20/98

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME **D** ☒ DELETE
STREET ADDRESS **SHAW, RONALD J**
465 OCEAN DRIVE # UNIT 925
CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE
NAME ☐ DELETE
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ DELETE
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ DELETE
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ DELETE
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ DELETE
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME **FRANCIS WHITING**
1.3 STREET ADDRESS **801 BRICKELL, SUITE 900**
1.4 CITY-ST-ZIP **MIAMI, FLORIDA 33131**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: **Francis Whiting** **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/98 **(305) 371-0058**

Date Daytime Phone # 0198707

CR2E034 (10/97)