PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000049309

1. Corporation Name

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

HURBS AND ASSOCIATES, INC.

Principal Plac		Mailing Address				
ROYAL PALM BEACH FL 33411 ROYAL PALM BEACH FL 334			H1		DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualifed	
					06/02/1998	
2 Principal F	Place of Business	2a. Mailing Address			4. FEI Number Applied For	
21	-	26			65-0850818 Not Applicable	
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.			\$8.75 Additional	
22		27			5. Certificate of Status Desired Fee Required	
City & Sta	te	City & State			6. Election Campaign Financing \$5.00 May Be	
23		28			Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Country	· · · · · · · · · · · · · · · · · · ·	This corporation owes the current year Intangible	
24 .	25		30		Personal Property Tax. Yes No	
	9. Name and Address of Curre	ent Registered Agent		 	10. Name and Address of New Registered Agent	
H1 (C	DRC KEITH		81	Name		
HURBS, KEITH 116 MALAGA STREET ROYAL PALM BEACH FL 33411			82	Street Addr	ress (P.O. Box Number is Not Acceptable)	
1101	TAL PALM BLACHTE SOFT		83			
			84	City	FL 85 Zip Code	
				<u> </u>	· —	
11. Pursuant office or	to the provisions of Sections 607.05 registered agent, or both //fixthe-Stat	602 and 607.1508, Florida Statutes elof Florida. Such change was aut	s, the above thorized by	e-named corp the corporation	poration submits this statement for the purpose of changing its registered ion's board of directors. I hereby accept the appointment as registered	
agent I a	am familiar with and accept the oblic	ations of Section 607.0505, Florid	da Statutes	i	on's board of directors. I hereby accept the appointment as registered	
SIGNATURE	Medh Wi	1 . Medident			ed when reinstating) DATE	
12.	Signature typed or printed name of registered at	ND DIRECTORS	13.	it signature require	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE		Change Addition	
NAME	HURBS, KEITH		1.2 NAME			
STREET ADDRESS	AAA MAMAAA OTOCCT			TADORESS		
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411		1.4 CITY-S			
TITLE	TO THE PREMIUM DESCRIPTION	☐ DELETE	2.1 TITLE	·	☐ Change ☐ Addition	
NAME			2.2 NAME		•	
STREET ADDRESS	\$			TADDRESS		
CITY-ST-ZIP	1		2. 4 CITY-5			
TITLE		☐ DELETE	3.1 TITLE		Change Addition	
NAME			3.2 NAME			
STREET ADDRESS	,		3.3 STREE	T ADDRESS		
CITY-ST-ZIP	1		3.4. CITY-5	ST-ZIP		
TITLE	DELETE		4.1 TITLE		☐ Change ☐ Addition	
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREE	T ADDRESS		
CITY-ST-ZIP			4.4 CITY-S	T-ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition	
NAME			5.2 NAME			
CTDEET ADODESC	,		5.3 STREE	TADDRESS		

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)(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 emplowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

DELETE

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE

May 06, 1999 8:00 am Secretary of State

05-06-1999 90278 004 ***150.00

. 1 (BACCO DE 1900 DE COLOR DE 1800 DE

Addition

Change