

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

0360409

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

1999 2000

DOCUMENT # P98000054579

1. Corporation Name
HUNTER BEST CORP.

FILED
00 AUG 14 AM 9:59

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business
C/O SONYA OTTENS
1035 S. FEDERAL HWY #202
DELRAY BEACH FL 33483

Mailing Address
C/O SONYA OTTENS
1035 S. FEDERAL HWY #202
DELRAY BEACH FL 33483

REINSTATEMENT

990

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

3. Date Incorporated or Qualified

06/16/1998

4. FEI Number

65-0845452

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 the current year Intangible
Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ZAJAC, ALEJANDRO
7011 LOCH NESS DR.
MIAMI FL 33014

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

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

(NOTE: Registered Agent signature required when reinstating)

DATE

8-11-2000

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME OTTENS, SONYA
STREET ADDRESS 1035 S FEDERAL HWY #202
CITY-ST-ZIP DELRAY BEACH FL 33483

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
000003368440--8
-08/23/00--01028--012
****158.75 ****158.75

TITLE D
NAME OTTENS, HELENE
STREET ADDRESS 1035 S FEDERAL HWY #202
CITY-ST-ZIP DELRAY BEACH FL 33483

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
000003368440--8
-08/23/00--01028--013
****750.00 ****750.00

TITLE ST
NAME OTTENS, ERIC
STREET ADDRESS 1035 S FEDERAL HWY #202
CITY-ST-ZIP DELRAY BEACH FL 33483

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
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)(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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-14-00 (561) 278-1932

CR2E034 (11/98)