


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

FILED  
May 01, 1999 8:00 am  
Secretary of State

05-01-1999 90086 026 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000089766

1. Corporation Name  
HUNTER SYSTEMS, INC.

Principal Place of Business  
C/O PAYER & TWOMBLY, P.A.  
1999 SW 27TH AVE. 2ND FLOOR  
MIAMI FL 33145

Mailing Address  
C/O PAYER & TWOMBLY, P.A.  
1999 SW 27TH AVE. 2ND FLOOR  
MIAMI FL 33145



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 5900 Coconut Terrace Suite, Apt. #, etc. 22 City & State 23 Plantation - Florida Zip 24 33317 Country 25 Broward		2a. Mailing Address 26 5900 Coconut Terrace Suite, Apt. #, etc. 27 City & State 28 Plantation - Florida Zip 29 33317 Country 30 Broward		3. Date Incorporated or Qualified 10/21/1998	
		4. FEI Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
		8. This corporation owes the current year Intangible Personal Property Tax.		<input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent PAYER, JAMES D C/O PAYER & TWOMBLY, P.A. 1999 SW 27TH AVE. 2ND FLOOR MIAMI FL 33145				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				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		Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE									
12. OFFICERS AND DIRECTORS								13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12							
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> DELETE				1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> DELETE				2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> DELETE				3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> DELETE				4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> DELETE				5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> DELETE				6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition			

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:

  
DIRECTOR  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/28/99 (904) 681-3701  
Date Daytime Phone #

CR2E034 (11/98)