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

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000101060

1. Corporation Name

HUNTER INFORMATION SYSTEMS, INC.

	<u></u>		<u> </u>								
Principal Place of Business Mailing Address									.,		
C/O BENTLEY		C/O BENTLEY									
48 SW 114 TERF		48 SW 114 TERRACE					DO NOT WRITE IN THIS SPACE				
CORAL SPRINGS FL 33071 CO			Dral Springs FL 33071					3. Date Incorporated or Qualifed	14 11110	OI ACE	
								11/30/1998			
2. Principal Place of Business 2a. Mailing Addre								4. FEI Number		T An	plied For
	lace of Business						65-0881544		<u> </u>	t Applicable	
21	4 1-	Suite. Apt. #. etc.						05-088341		\$8.75 A	
Suite, Apt.	#, etc.	— — · · · · · · · · · · · · · · · · · ·					5. Certifcate of Status Desired	]	Fee Re		
22 City & Stat		27 - City & State					A Flating Committee Singapore		\$5.00	<del></del>	
<u> </u>		28						6. Election Campaign Financing Trust Fund Contribution	ב	Added to	
<b>Zip</b>	Country	Zij		Coul	ntrv			This corporation owes the current	vear Ints		
· ·	25	29	•	30	,			Personal Property Tax.	year me	Yes	12 No
24	9. Name and Address of Currer		ad Agent	[30]				10. Name and Address of New Reg	stered		
	5. Name and Address of Curren	it Kogiston	ou Agent		81	Name					
BENT	LEY, CAROL A										
48 SW 114 TERRACE					82	Stree	t Addre	ess (P.O. Box Number is Not Acceptable	)		
CORAL SPRINGS FL 33071				}	83						
					84	City			FL	85 Zip C	Code
		- 1007	500 El-14- 04-4-	4 4				and a submite this statement for the pur		changing ite	registered
11. Pursuant	to the provisions of Sections 607.050 eaistered agent, or both, in the State	of Florida.	1508, Fiorida Statu Such change was a	tes, the at authorized	ονε by	the cor	poratio	pration submits this statement for the pur n's board of directors. I hereby accept the	e appoir	ntment as re	gistered
agent. I a	m familiar with, and accept the obliga	tions of, Se	ction 607.0505, Fk	orida Statu	ites.		-				1
SIGNATURE									n.tr		
	Signature, typed or printed name of registered age				Agen	t signatur	e required	when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE	D DIRECTO	DS IN 12
12.	OFFICERS AN	ID DIRECT	DELETE	13.	1.5	-	_	ADDITIONS/CHANGES TO OFFIC	EKS AN	Change	Addition
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	BENTLEY, DAVID C			1.2 NA							)
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NAME	BENTLEY, CAROL A			2.2 NA	ME						ľ
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NAME	}			4.2 N	<b>AME</b>						
STREET ADDRESS				4.3 ST	REET	ADDRES	s				· · · · · · · · · · · · · · · · · · ·
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NAME				6.2 NA	JAE		1				
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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:

CITY-ST-ZIP

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90023 011 \*\*\*150.00