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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S19180 (6)

1. Corporation Name

HUNTER HOLDINGS OF PONCE INLET INC.

Principal Place of Business	Mailing Address
30 INLET HARBOR RD PONCE INLET FLORIDA 32127	92 DIFFIN DR. WELLAND, ONT. CANADA L3C2K3

3. Date Incorporated or Qualified: 12/14/90	3a. Date of Last Report: 03/13/96
4. FEI Number: 59-304 6624	☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No	

2. Principal Place of Business	2a. Mailing Address
21	26 NEW ADDRESS ABOVE
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

PETERSON, SID C. JR.
418 CANAL STREET
NEW SMYRNA BEACH, FL
32168

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	WHYTE, ANN L.	1.2 NAME	
STREET ADDRESS	92 DIFFIN DR.	1.3 STREET ADDRESS	600002130616---6
CITY-ST-ZIP	WELLAND, ONTARIO CANADA	1.4 CITY-ST-ZIP	-04/01/97--01106--006
TITLE	VD ☐ DELETE	2.1 TITLE	****165.00 ☐ Change ☐ Addition
NAME	WHYTE, WAYNE	2.2 NAME	
STREET ADDRESS	92 DIFFIN DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	WELLAND, ONTARIO CANADA	2.4 CITY-ST-ZIP	
TITLE	TD ☐ DELETE	3.1 TITLE	TD ☑ Change ☐ Addition
NAME	WHYTE, STEVEN H.	3.2 NAME	STEVEN WHYTE
STREET ADDRESS	92 DIFFIN DR.	3.3 STREET ADDRESS	41 EDINBURGH DR., P.G.A NATIONAL
CITY-ST-ZIP	WELLAND, ONTARIO, CANADA	3.4 CITY-ST-ZIP	PALM BEACH GDNS. FLORIDA 33418
TITLE	SD ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	MOORE SHARON L.	4.2 NAME	SHARON MOORE
STREET ADDRESS	92 DIFFIN DR	4.3 STREET ADDRESS	27 WASHINGTON ST
CITY-ST-ZIP	WELLAND, ONTARIO, CANADA	4.4 CITY-ST-ZIP	MARKHAM, ONTARIO CAN. L3P2R4
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☑ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

14. I do 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.

SIGNATURE: Steven L. Whyte March 23/97 1(905) 732-6406
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #