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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # \$19180

(6)

FILED Jan 30 1998 8:00am Secretary of State

HUNT	ER HOLDINGS OF PONCE I	NLET, INC.				
Principal Plac	ce of Business	Mailing Address	****			
30 INLET HARBOR ROAD 92 DIFFIN DR PONCE INLET FL 32127 WELLAND, ONTARIO L3C CANADA			C2K3		DO NOT WRITE IN	THIS SPACE
ļ					3. Date Incorporated or Qualified	
					12/14/1990	
<del></del>	Place of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			59-3046624	Not Applicable
Suite, Apt	. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
22		27				Fee Required
City & Sta	te	City & State			6. Election Campaign Financing	\$ <b>5.00</b> May Be
23		28			Trust Fund Contribution	Added to Fees
Zip 24	Country	Zip	Count	try	8. This corporation owes or has paid t	_ · _ ·
24	25 9. Name and Address of Curren	29	30		Personal Property Tax due June 30.  10. Name and Address of New Register  10. Personal Property Tax due June 30.	
DE		it neglatered Agent	8	1 Name	10. Name and Address of New Regis.	lered Agent
FEICHSON, SID O IN.				Ivanio		
418 CANAL STREET				2 Street Add	iress (P.O. Box Number is Not Acceptable)	
Nt	EW SMYRNA BEACH FL 32168			3		
			ľ	.3		
			8	4 City		85 Zip Code
						<b>}-L</b>   '
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statuti	es, the abo	we-named cor	poration submits this statement for the purp ation's board of directors. I hereby accept the	ose of changing its registered
agent. I a	am familiar with, and accept the obliga	ations of, Section 607.0505, Flo	orida Statut	es.	ation's board of directors, Thereby accept (in	e appointment as registered
SIGNATURE						
	Signature, typed or printed name of registered ago		E: Registered A	gent signature requ	uired when reinstating)	DATE
12.	OFFICERS ANI		13.		ADDITIONS/CHANGES TO OFFICER	S AND DIRECTORS IN 12
TITLE	PD	L DELETE	1.1 TITLE	[		Change Addition
NAME	WHYTE, ANN L		1.2 NAM	E		
STREET ADDRESS	92 DIFFIN DRIVE		1.3 STRE	ET ADDRESS		
CITY-ST-ZIP	WELLAND ONTARIO CANADA	<b>\</b>	1.4 CITY	-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE			Change Addition
NAME	WHYTE, WAYNE		2.2 NAM	: İ		
STREET ADDRESS	92 DIFFIN DRIVE		2.3 STRE	ET ADDRESS		f
CITY-ST-ZIP	WELLAND ONTARIO CANADA	1	2. 4 CITY			ļ
TITLE	TD	☐ DELETE	3.1 TITLE			☐ Change ☐ Addition
NAME	WHYTE, STEVEN		3,2 NAM8	.		1
STREET ADDRESS	41 EDINBURGH DR., PGA NA	TIONAL		ET ADDRESS		1
CITY-ST-ZIP	PALM BEACH GARDENS FL 3		3.4. CITY			
TITLE	SD	DELETE	4.1 TITLE			Change Addition
NAME	MOORE, SHARON		4. 2 NAM	1		Change E radiion
STREET ADDRESS	27 WASHINGTON ST		4	ET ADDRESS		j
	MARKHAM, ONTARIO CANAD	A LODOD A				
CITY-ST-ZIP TITLE	MARINI MAN, ONTANO CANAD	DELETE	4.4 CITY			Change Addition
· ·	•	←1 DECETE	5.1 TITLE			☐ Change ☐ Addition
NAME			5.2 NAME			
STREET ADDRESS				T ADDRESS		
CITY - ST - ZIP		Florer	5.4 CITY-	ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE			☐ Change ☐ Addition
NAME			6.2 NAME	- 1		
STREET ADDRESS			6.3 STREE	T ADDRESS		
CITY-ST-ZIP			6.4 CITY-			
14. I nereby d	erury that the information supplied wit	in inis tiling does not qualify fo	r the exem.	otion stated in	Section 119.07(3)(i), Florida Statutes, Lfurth	per certify that the information.

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, on on an attachment with an address.

CICNIATUDE.

ENALULA LEGIZIRETANDI WHYTE

JAN 14/98