


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

FILED

Jan 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				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 30 INLET HARBOR ROAD PONCE INLET FL 32127			Mailing Address 92 DIFFIN DR WELLAND, ONTARIO L3C2K3 CANADA		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/14/1990	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3046624	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS					
TITLE	PD	<input type="checkbox"/> DELETE			
NAME	WHYTE, ANN L				
STREET ADDRESS	92 DIFFIN DRIVE				
CITY-ST-ZIP	WELLAND ONTARIO CANADA				
TITLE	VD	<input type="checkbox"/> DELETE			
NAME	WHYTE, WAYNE				
STREET ADDRESS	92 DIFFIN DRIVE				
CITY-ST-ZIP	WELLAND ONTARIO CANADA				
TITLE	TD	<input type="checkbox"/> DELETE			
NAME	WHYTE, STEVEN				
STREET ADDRESS	41 EDINBURGH DR., PGA NATIONAL				
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418				
TITLE	SD	<input type="checkbox"/> DELETE			
NAME	MOORE, SHARON				
STREET ADDRESS	27 WASHINGTON ST				
CITY-ST-ZIP	MARKHAM, ONTARIO CANADA L3P2R-4				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					



DO NOT WRITE IN THIS SPACE

SIGNATURE:

(Signature) ANN L. WHYTE

JAN 14/98

CR2E034 (10/97)