

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

FILED
May 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S58289 (7)

1. Corporation Name
HUFF & ASSOCIATES, INC.

Principal Place of Business

2256 WINTER WOODS BLVD
SUITE A
WINTER PARK FL 32792
US

Mailing Address

P.O. BOX 4986
WINTER PARK FL 32783-4986
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/05/1991	3a. Date of Last Report 04/24/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.			4. FEI Number 59-3067200	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	29. Country	30. Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

HUFF, KAREN
2045 NOTTINGHAM DR
WINTER PARK FL 32792

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	2256 Winter Woods Blvd.
83. City	Winter Park
84. State	FL
85. Zip Code	32792

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's signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PVP	<input type="checkbox"/> DELETE		1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HUFF, P. PHIL			1.2 NAME			
STREET ADDRESS	2045 NOTTINGHAM DR.			1.3 STREET ADDRESS	2256 Winter Woods Blvd.		
CITY-ST-ZIP	WINTER PARK FL			1.4 CITY-ST-ZIP	Winter Park, FL 32792		
TITLE	ST	<input type="checkbox"/> DELETE		2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HUFF, KAREN G.			2.2 NAME			
STREET ADDRESS	2045 NOTTINGHAM DR.			2.3 STREET ADDRESS	2256 Winter Woods Blvd		
CITY-ST-ZIP	WINTER PARK FL			2.4 CITY-ST-ZIP	Winter Park, FL 32792		
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HUFF, CRAIG			3.2 NAME			
STREET ADDRESS	2045 NOTTINGHAM DRIVE			3.3 STREET ADDRESS	2256 Winter Woods Blvd		
CITY-ST-ZIP	WINTER PARK FL			3.4 CITY-ST-ZIP	Winter Park, FL 32792		
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HUFF, GREG			4.2 NAME			
STREET ADDRESS	2045 NOTTINGHAM DRIVE			4.3 STREET ADDRESS	2256 Winter Woods Blvd		
CITY-ST-ZIP	WINTER PARK FL			4.4 CITY-ST-ZIP	Winter Park, FL 32792		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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: [Signature] SIGNATURE: [Signature]

CR2E034 (9/96)