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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S86247

(1)

HUNIEH	S HIDGE HEALTY CO.				
Principal Plac	e of Business	Mailing Address		T INDIII IEL TOIRE MAAN LIUU VANKE IDE	\$401 0101 0101 0101 01\$1 0101 1001
12500 HUNTERS RIDGE DRIVE 12500 HUNTERS RIDGE D BONITA SPRINGS FL 33923 BONITA SPRINGS FL 3415					
				3. Date Incorporated or Qualified 10/09/1991	3a. Date of Last Report 04/03/1996
2. Principal P	face of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26	***************************************	65-0290580	Not Applicable
Suite, Apt	#, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	S8.75 Additional
22		27			Fee Required
City & Stat	€	City & State		6. Election Campaign Financing	\$5.00 May Be
23 Zip	Country	28 Zip	Country	Trust Fund Contribution	☐ Added to Fees
24 341	735 ₂₅	29	30	This corporation has liability for Florida Statutes	Yes No
24	9. Name and Address of Curre		30	10. Name and Address of New Ro	
LI ID	RICH, DONALD G.		81 Name		
ARCAG LILLETTER PURCE CORE			82 Street Add	ress (P.O. Box Number is Not Accepta	hio)
	ITA SPRINGS FL 33923		02 Street Add	ress (F.O. Box Number is Not Accepta	DIE)
5011	ALL CONTRACTOR OF THE CONTRACT		83		
			84 City		RE Zin Codo
					FL 85 Zip Code 34/35
SIGNATURE	Signature, typed or printed name of registered as	gent and tile if applicable	NOTE Registered Agent signature requ		DATE
12.	r	ND DIRECTORS	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12 Change Addition
NAME	D Huprich, Donald G.	ב טנננונ	1.2 NAME		
STREET ADDRESS	12500 HUNTERS RIDGE DR.		1.3 STREET ADDRESS		
CITY-ST-ZIP	BONITA SPRINGS FL		1.4 CITY-ST-ZIP		
TITLE	DONITA OFFINIOS FE	DELETE	2.1 TITLE		Change Addition
NAME			22 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
City-St-ZiP			2 4 CiTY-ST-ZIP		
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3 2 NAME		ļ
STREET ADORESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TIFLE		Change Addition
NAME			4. 2 NAME		ļ
\$TREET ADORESS			4.3 STREET ADDRESS		ļ
CITY-SI-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CHY-ST-ZIF			5.4 CITY - ST - ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		

6.3 STREET ADDRESS

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:

STREET ADDRESS

941-992-4900

FILED

Apr 15 1997 8:00am

Secretary of State