

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.  
AMOUNT DUE ON OR BEFORE 8/8/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **V47334**

(0)

1. Corporation Name

**HURRICANE BUILDING ENTERPRISES, INC.**

FILED

95 AUG 10 PM 12:39

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE.

|                                                                                                                                                                |                      |                                                                              |                      |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------------------------------------------|----------------------|
| Principal Place of Business<br><b>135 SEAPARK BLVD<br/>SATELLITE BCH FL 32937<br/>US</b>                                                                       |                      | Mailing Address<br><b>135 SEAPARK BLVD<br/>SATELLITE BCH FL 32937<br/>US</b> |                      |
| 2. Principal Place of Business<br><b>21</b>                                                                                                                    |                      | 2a. Mailing Address<br><b>26</b>                                             |                      |
| Suite, Apt. #, etc.<br><b>22</b>                                                                                                                               |                      | Suite, Apt. #, etc.<br><b>27</b>                                             |                      |
| City & State<br><b>23</b>                                                                                                                                      |                      | City & State<br><b>28</b>                                                    |                      |
| Zip<br><b>24</b>                                                                                                                                               | Country<br><b>25</b> | Zip<br><b>29</b>                                                             | Country<br><b>30</b> |
| 3. Date Incorporated or Qualified<br><b>06/26/1992</b>                                                                                                         |                      | 3a. Date of Last Report<br><b>08/05/1994</b>                                 |                      |
| 4. FEI Number<br><b>59-3144422</b>                                                                                                                             |                      | Applied For<br>Not Applicable                                                |                      |
| 5. Certificate of Status Desired<br><input type="checkbox"/>                                                                                                   |                      | <b>\$8.75</b> Additional<br>Fee Required                                     |                      |
| 6. Election Campaign Financing<br>Trust Fund Contribution<br><input type="checkbox"/>                                                                          |                      | <b>\$5.00</b> May Be<br>Added to Fees                                        |                      |
| 8. This corporation has liability for intangible tax under s. 199.032,<br>Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                      |                                                                              |                      |

|                                                                                                                                  |  |  |  |                                              |                    |
|----------------------------------------------------------------------------------------------------------------------------------|--|--|--|----------------------------------------------|--------------------|
| 9. Name and Address of Current Registered Agent<br><b>MARSHALL, ANDREW M.<br/>135 SEA PARK BLVD<br/>SATELLITE BEACH FL 32937</b> |  |  |  | 10. Name and Address of New Registered Agent |                    |
| <b>81</b> Name                                                                                                                   |  |  |  |                                              |                    |
| <b>82</b> Street Address (P.O. Box Number is Not Acceptable)                                                                     |  |  |  |                                              |                    |
| <b>83</b>                                                                                                                        |  |  |  |                                              |                    |
| <b>84</b> City                                                                                                                   |  |  |  | <b>FL</b>                                    | <b>85</b> 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 reappointing)

DATE

|                            |                     |                     |  |                                                       |                                                                   |  |  |
|----------------------------|---------------------|---------------------|--|-------------------------------------------------------|-------------------------------------------------------------------|--|--|
| 12. OFFICERS AND DIRECTORS |                     |                     |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                   |  |  |
| TITLE                      | P                   | MARSHALL, ANDREW M. |  | 1.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |
| NAME                       | MARSHALL, ANDREW M. |                     |  | 1.2 NAME                                              |                                                                   |  |  |
| STREET ADDRESS             | 135 SEA PARK BLVD   |                     |  | 1.3 STREET ADDRESS                                    |                                                                   |  |  |
| CITY-ST-ZIP                | SATELLITE BEACH FL  |                     |  | 1.4 CITY-ST-ZIP                                       |                                                                   |  |  |
| TITLE                      |                     |                     |  | 2.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |
| NAME                       |                     |                     |  | 2.2 NAME                                              |                                                                   |  |  |
| STREET ADDRESS             |                     |                     |  | 2.3 STREET ADDRESS                                    |                                                                   |  |  |
| CITY-ST-ZIP                |                     |                     |  | 2.4 CITY-ST-ZIP                                       |                                                                   |  |  |
| TITLE                      |                     |                     |  | 3.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |
| NAME                       |                     |                     |  | 3.2 NAME                                              |                                                                   |  |  |
| STREET ADDRESS             |                     |                     |  | 3.3 STREET ADDRESS                                    |                                                                   |  |  |
| CITY-ST-ZIP                |                     |                     |  | 3.4 CITY-ST-ZIP                                       |                                                                   |  |  |
| TITLE                      |                     |                     |  | 4.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |
| NAME                       |                     |                     |  | 4.2 NAME                                              |                                                                   |  |  |
| STREET ADDRESS             |                     |                     |  | 4.3 STREET ADDRESS                                    |                                                                   |  |  |
| CITY-ST-ZIP                |                     |                     |  | 4.4 CITY-ST-ZIP                                       |                                                                   |  |  |
| TITLE                      |                     |                     |  | 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                      |                     |                     |  | 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Andrew Marshall* **ANDREW MARSHALL**

8-1-95

407-779-4801

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number

CR2E034 (3/95)