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FILED

Jan 14 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 602170 (3)

1. Corporation Name

D. DOUGLAS HILL, C.P.A., CHARTERED

Principal Place of Business

440 EAST SAMPLE ROAD #207
POMPANO BEACH FL 33064

Mailing Address

440 EAST SAMPLE ROAD #207
POMPANO BEACH FL 33064-4488



3. Date Incorporated or Qualified

06/19/1970

3a. Date of Last Report

01/26/1996

4. FEI Number

59-1297038

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒

Yes ☐ No

2. Principal Place of Business

21 201 N. Federal Hwy.

Suite, Apt. #, etc.

22 Suite 114

City & State

23 Deerfield Beach, Fla.

Zip

24 33441

Country

25 U.S.A.

2a. Mailing Address

26 201 N. Federal Hwy.

Suite, Apt. #, etc.

27 Suite 114

City & State

28 Deerfield Beach, Fla.

Zip

29 33441

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

HILL, D. DOUGLAS, CPA
440 EAST SAMPLE RD
#207
POMPANO BEACH FL 33064

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 201 N. Federal Hwy.

84 Suite 114

City Deerfield Beach

FL

85 Zip Code 33441

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 office (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PST ☐ DELETE

NAME HILL, D. DOUGLAS
STREET ADDRESS 2849 BANYAN BLVD CIR NW
CITY-ST-ZIP BOCA RATON FL

TITLE D ☐ DELETE

NAME HILL, D. DOUGLAS
STREET ADDRESS 2849 BANYAN BLVD CIR NW
CITY-ST-ZIP BOCA RATON FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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: ✓

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
D. Douglas Hill

✓ 1-5-97

954-420-5599

Date

Daytime Phone #

0148316

CR2E034 (9/96)