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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT # F96000000947 (9)

HILLCREST EVERGREEN, INC.

Principal Place of Business

PO BOX 929

Mailing Address

PO BOX 929

FILED May 12 1998 8:00am Secretary of State



PIERSON FL 32180 PIERSON FL 32180 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/26/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 248 S. CENTER ST 248 S. 21 91-1256814 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State **\$5.00** May Be 6. Election Campaign Financing IERSON Trust Fund Contribution 23 Added to Fees Country a. This corporation owes or has paid the current year Intangible USA 25 Yes ☐ No Personal Property Tax due June 30. . Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **B1** Name LEE. DOMINIC 248 S. CENTER ST 82 Street Address (P.O. Box Number is Not Acceptable) PIERSON FL 32180 83 City B5 | 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 pented have of registered agent and piled applicable (NOTI - Flegistered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELFTE TITLE 1.1 TITLE Change Addition LEE, DOMINIC NAME 1.2 NAME 1215 E. LYNN ST STREET ADDRESS 1.3 STREET ADDRESS **SEATTLE WA 98102** CITY-ST-ZIP 1.4 CITY - ST - ZIF DELETE Change TITLE 2 1 TITLE Addition LEE, SHARON NAME 22 NAME 1215 E. LYNN ST STREET ADDRESS 2.3 STREET ADDRESS **SEATTLE WA 98102** CITY-ST-ZIP 2.4 CITY - ST - ZIP DELETE Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREE1 ADDRESS CITY-ST-ZIP 4.4 CITY - \$1 - ZIP DELETE Change Addition TITLE 5.1 TILLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5 4 CITY - ST - ZIP DELETE TITLE Change Addition 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST - ZIP 14. I 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 suppliemental 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