FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **G67617** **(2)**

1. Corporation Name
HILLSBOROUGH EAGLE REALTY CORP.

Principal Place of Business
[redacted]

Mailing Address
[redacted]

3. Date Incorporated or Qualified: **10/28/1983**
3a. Date of Last Report: **02/07/1995**

2. Principal Place of Business
21 **Macfarlane Ausley, et al.**
Suite, Apt. # etc.
22 **c/o Vincent L.Nuccio, Jr.Esq.**
111 Madison St. #2300
City & State
23 **Tampa, Florida**
Zip: 24 **33602** Country: 25 **US**

2a. Mailing Address
26 **Macfarlane Ausley, et al.**
Suite, Apt. # etc.
27 **c/o Vincent L.Nuccio, Jr.Esq.**
111 Madison St. #2300
City & State
28 **Tampa, Florida**
Zip: 29 **33602** Country: 30 **US**

4. FEI Number: **59-2376196**

Applied For / Not Applicable

Certificate of Status Desired: **XX** **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. Does corporation owe liability for intangible tax under s. 199.052, Florida Statutes? ☐ Yes **XX** No

9. Name and Address of Current Registered Agent
[redacted]

10. Name and Address of New Registered Agent
81 Name: **Vincent L. Nuccio, Jr., Esquire**
82 Street Address (P.O. Box Number is Not Acceptable): **111 Madison Street #2300**
83
84 City: **Tampa** **FL** 85 Zip Code: **33602**

11. Pursuant to the provisions of Section 607.1505 and 607.1506, 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] **Vincent L. Nuccio, Jr., Esquire** **04/04/96**
(Attorney Typed Name of Registered Agent) (Date)

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	AVLON, JOHN J.	
STREET ADDRESS	55 CHURCH ST.	
CITY-ST-ZIP	CHARLESTON SC	
TITLE	VD	☐ DELETE
NAME	PALMER, STEPHEN, JR	
STREET ADDRESS	160 COMMONWEALTH AVE	
CITY-ST-ZIP	BOSTON MA	
TITLE	[redacted]	☒ DELETE
NAME	[redacted]	
STREET ADDRESS	[redacted]	
CITY-ST-ZIP	[redacted]	
TITLE	AS	☐ DELETE
NAME	SCHIFF, GORDON, J	
STREET ADDRESS	111 MADISON STREET #2300	
CITY-ST-ZIP	TAMPA FL	
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

11 TITLE		☐ Change ☐ Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

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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)(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 added above or on an attachment with an address.

SIGNATURE: [signature] (813) 273-4344
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone)
Gordon J. Schiff, Assistant Secretary

CR2E034 (12/95)