03-09-1999 90060 018 \*\*\*150.00

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

**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

**Katherine Harris** 

Secretary of State

| 1999  |                 | DIVISION OF CORPORATIONS                                 |
|---|-----------------|--|
| DOCUMENT # G  1. Corporation Name HILLSBORO PROPERTY I            |                 | C.   |
| Principal Place of Business                                       | boro Male Maile | ing Address //१५/ Kulaloco                               |
| 1194 <del>N OCEAN BLVD</del> VILLA 50<br>HILLSBORO BEACH FL 33062 |                 | <del>n Ocean Blvd.</del> Villa 50<br>Boro Beach FL 33062 |
| 2 Principal Place of Business                                     | 2a N            | Aailing Address  |

| Principal Place of Business  | Naling Addre            | ss //94 Hulaloco /             | mile.   |   |  |
|--|-------------------------|--------------------------------|---|---|--|
| 194 <del>N OGEAN BLYD</del> VILLA 50<br>IILLSBORO BEACH FL 33062   |                         | <del>i blvd</del> villa 50     |   |   |  |
| ILLEGRONG BEACH IL 33002   | THE COOK OF             | THORITE SOUR                   | DO NOT WRITE IN THIS  | SPACE   |  |
|  |                         |                                | 3. Date Incorporated or Qualifed 01/20/1984   |   |  |
| 2. Principal Place of Business   | 2a. Mailing Ad          | Idress                         | 4. FEI Number   | Applied For                                     |  |
| 1  | 26                      |                                | 59-2422775  | Not Applicable                                  |  |
| Suite, Apt. #, etc.  | Suite, Apt              | #, etc.                        | 5. Certificate of Status Desired  | \$8.75 Additional Tee Required                  |  |
| City & State   | City & Sta              | te                             | 6. Election Campaign Financing Trust Fund Contribution  | \$5.00 May Be<br>Added to Fees                  |  |
| Zip Country  | Zip<br>29               | Country 30                     | This corporation owes the current year Interest Present Property Tax.   | angible   |  |
| 9. Name and Address of Cu  |                         | nt                             | 10. Name and Address of New Registered  | Agent   |  |
| CURCON ADARE C   |                         | 81 Nam                         | e   |   |  |
| GUMSON, ADAM S<br>CHASEWOOD PLAZA SUITE 30   |                         | 82 Stree                       | ress (P.O. Box Number is Not Acceptable)  |   |  |
| 6390 Indiantown RD<br>Jupiter FL 33062   |                         | 83                             |   |   |  |
|  |                         | 84 City                        | FL  | 85 Zip Code                                     |  |
| <ol> <li>Pursuant to the provisions of Sections 607<br/>office or registered agent, or both, in the St<br/>agent. I am familiar with, and accept the ot</li> </ol> | ate of Florida. Such ch | ange was authorized by the cor | d corporation submits this statement for the purpose of<br>poration's board of directors. I hereby accept the appoi | changing its registered<br>ntment as registered |  |

| egoni, and and an  |                         |                    |   |  |  |  |  |  |
|--|-------------------------|--------------------|---|--|--|--|--|--|
| SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE |                         |                    |   |  |  |  |  |  |
| 12.  | OFFICERS AND DIRECTORS  | 13.                | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |  |  |  |  |
| TITLE  | PD DELETE               | 1.1 TITLE          | ☐ Change ☐ Addition                               |  |  |  |  |  |
| NAME   | GAUDREAU, ANDRE         | 1.2 NAME           |   |  |  |  |  |  |
| STREET ADDRESS   | 9 TRAVERSE LAVAL CP1400 | 1.3 STREET ADDRESS |   |  |  |  |  |  |
| CITY-ST-ZIP  | QUEBEC, CANADA          | 1.4 CITY-ST-ZIP    |   |  |  |  |  |  |
| TITLE  | ☐ DELETE                | 2.1 TITLE          | ☐ Change ☐ Addition                               |  |  |  |  |  |
| NAME   |                         | 2.2 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           |   |  |  |  |  |  |
| STREET ADDRESS   |                         | 3.3 STREET ADDRESS |   |  |  |  |  |  |
| CITY-ST-ZIP  |                         | 3.4 CITY-ST-ZIP    |   |  |  |  |  |  |
| TITLE  | DELETE                  | 4.1 TITLE          | ☐ Change ☐ Addition                               |  |  |  |  |  |
| NAME   | 1                       | 4. 2 NAME          |   |  |  |  |  |  |
| STREET ADDRESS   | ,                       | 4.3 STREET ADDRESS |   |  |  |  |  |  |
| CITY-ST-ZIP  |                         | 44 CITY-ST-ZIP     |   |  |  |  |  |  |
| TITLE  | ☐ DELETE                | 5.1 TITLE          | ☐ Change ☐ Addition                               |  |  |  |  |  |
| NAME   |                         | 5.2 NAME           |   |  |  |  |  |  |
| STREET ADDRESS   |                         | 5.3 STREET ADDRESS |   |  |  |  |  |  |
| CITY-ST-ZIP  |                         | 5.4 CITY-ST-ZIP    |   |  |  |  |  |  |
| TITLE  | ☐ DELETE                | 6.1 TITLE          | ☐ Change ☐ Addition                               |  |  |  |  |  |
| 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 supplementation 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 of 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 to par attachment with an address, with all other like empowered.

NTED NAME OF SIGNING OFFICER OR DIRECTOR