**FILED** 

03-11-1999 90152 030 \*\*\*150.00

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # K11226**

1. Corporation Name

HILL COUNTRY PRODUCTS, INC.							4 8111 81811 811		
Principal Place	of Rusiness	Mailing Address				-	£ 1011 01911 131	AH BIBH WAN	HEAL BIEN LEEN
Principal Place of Business Mailing Address  % LOREN L. EYRICH % LOREN L. EYRICH									
1730 NORTHEAST 22ND TERRACE 1730 NORTHEAST 22ND TERRACE									
FT. LAUDERDALE FL 33305 FT. LAUDERDALE FL 33305						DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed 01/07/1988			
Principal Place of Business     2a. Mailing Address						4. FEI Number		<u> </u>	plied For
21	26					65-0027241			t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27					5. Certifcate of Status Desired See Requi				
City & State	€	City & State			6. Election Campaign Financing		\$5.00	- 1	
23		28				Trust Fund Contribution Added to Fees			
Zìp			<del></del>	Country		8. This corporation owes the curre			
24	25 29 30		30		Personal Property Tax.  10. Name and Address of New Registered Ag			Yes	□No
	9. Name and Address of Current	Registered Agent		B1 Na	ame	10. Name and Address of New Re	gistered P	vgent	
FYRI	CH, LOREN L.		ľ	"   146	11116				
1730 NORTHEAST 22ND TERRACE			8	12 St	reet Addre	ss (P.O. Box Number is Not Acceptat	ole)		
FT. LAUDERDALE FL 33305			8	33					
			Ľ						
			8	34 Ci	ty	•	FL	85 Zip (	Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statute	s, the abo	ve-na	med corpo	ration submits this statement for the p	urnose of o	 changing its	registered
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligati	t Florida. Such change was au	ithorized t	oy the	corporation	i's board of directors. I hereby accept	the appoin	itment as re	gistered
_	m ranmar with, and doopt the obligation	,							
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Aq	gent sign	ature required	when reinstating)	DATE	*****	
12.	OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANGES TO OFF	CERS AND		
TITLE	_		1.1 TITLE	E				Change	☐ Addition
NAME			1.2 NAM	E					
STREET ADDRESS			1.3 STREET ADDRESS		RESS				
CITY-ST-ZIP			1.4 CITY						☐ Addition
TITLE			2.1 TITLE			<b>C</b>		Change	☐ Addition
NAME			2.2 NAM	_					
STREET ADDRESS			2.3 STRE		1	in the same		e	7
CITY-ST-ZIP			2. 4 CITS 3.1 TITLE					Change	Addition
TITLE			3.2 NAM						
NAME			3.3 STRE		DECC				
STREET ADDRESS			3.4. CITY						
CITY-ST-ZIP TITLE		DELETE	4.1 TITLE					Change	Addition
NAME		<b>_</b>	4. 2 NAM						
STREET ADDRESS			- 6	EET ADD	RESS				
CITY-ST-ZIP				-ST-ZIP					
TITLE		☐ DELETE	5.1 TITLE			· · · · · · · · · · · · · · · · · · ·		Change	Addition
NAME			5.2 NAM			,		,	
STREET ADDRESS			5.3 STRE	EET ADD	RESS	-			
CITY-ST-ZIP			5.4 CITY	-ST-ZIP					
TITLE		☐ DELETE	6.1 TITLE	E				Change	☐ Addition
ł l		_	62 NAM	F	- 1				

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 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 endowated to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, ov on an agrachment with an address, with all other like empowered.

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

SIGNING OFFICER OR DIRECTOR

954-566-0713