

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N48075** (8)

1. Corporation Name  
**HERNANDO HILLS HI-LITES, INC.**



Principal Place of Business: 12387 SEAGATE ST, SPRING HILL FL 34609, US  
Mailing Address: 12387 SEAGATE ST, SPRING HILL FL 34609, US

3. Date Incorporated or Qualified: 03/27/1992  
3a. Date of Last Report: 05/01/1995

21	2. Principal Place of Business	2a.	Mailing Address	4.	FEI Number	Applied For
22	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.		59-3023125	Not Applicable
23	City & State	27	City & State	5.	Certificate of Status Desired	\$8.75 Additional Fee Required
24	Zip	28	Zip			
25	Country	29	Country	6.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
30		30		8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HAHN, GAIL  
12387 SEAGATE ST  
SPRING HILL FL 34609

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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	1.1 TITLE	PD
NAME	MARTINEZ, NORMA	1.2 NAME	Hanley, Genevieve
STREET ADDRESS	13169 HAZELCREST	1.3 STREET ADDRESS	2099 Finland Dr.
CITY-ST-ZIP	SPRING HILL FL	1.4 CITY-ST-ZIP	Spring Hill, FL 34609
TITLE	VD	2.1 TITLE	VD
NAME	KING, MELANIE	2.2 NAME	Abrami, Tessie
STREET ADDRESS	2151 DELTONA BLVD	2.3 STREET ADDRESS	13174 Hazelcrest
CITY-ST-ZIP	SPRING HILL FL	2.4 CITY-ST-ZIP	Spring Hill, FL 34609
TITLE	TD	3.1 TITLE	
NAME	ST. HILLAIRE, JEANNE	3.2 NAME	
STREET ADDRESS	1774 LARKIN	3.3 STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL FL	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	
NAME	WAHLER, CECILIA	4.2 NAME	
STREET ADDRESS	10434 BEDFORD RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	STEINHAUER, RITA	5.2 NAME	
STREET ADDRESS	5267 FROST ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	D
NAME	ABRAMI, TESSIE	6.2 NAME	Cogan, Marjorie
STREET ADDRESS	13174 HAZEL CREST	6.3 STREET ADDRESS	18202 Long Lake Dr.
CITY-ST-ZIP	SPRING HILL FL	6.4 CITY-ST-ZIP	Hudson, FL 34667

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)(k), 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 617, 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

*Tessie Abrami* 4-11-96 (352)  
686-4122

CR2E037 (12/95)