

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 27 AM 10:49

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # V52776 (4)

1. Corporation Name

HILCOAST ADVISORY SERVICES, INC.

Principal Place of Business

**100 CENTURY BLVD.
W. PALM BEACH FL 33417**

Mailing Address

**100 CENTURY BLVD.
W. PALM BEACH FL 33417**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/22/1992

3a. Date of Last Report

04/15/1994

4. FEI Number

65-0347884

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

City & State

23

City & State

28

Zip

24

Country

25

Zip

29

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JAVEN, JACK
100 CENTURY BLVD.
W. PALM BEACH FL 33417**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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 printed name of registered agent and the filer

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	LEVY, H. IRWIN
STREET ADDRESS	100 CENTURY BLVD.
CITY - ST - ZIP	W. PALM BEACH FL
TITLE	DP
NAME	RUBIN, MICHAEL S.
STREET ADDRESS	100 CENTURY BLVD.
CITY - ST - ZIP	W. PALM BEACH FL
TITLE	DVTS
NAME	JAVEN, JACK
STREET ADDRESS	100 CENTURY BLVD.
CITY - ST - ZIP	W. PALM BEACH FL
TITLE	V
NAME	COHEN, HAROLD
STREET ADDRESS	100 CENTURY BLVD
CITY - ST - ZIP	WEST PALM BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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	V
53 STREET ADDRESS	Seldomridge, Robert D.
54 CITY - ST - ZIP	100 Century Blvd.
61 TITLE	☐ Change ☐ Addition
62 NAME	West Palm Beach, FL 33417
63 STREET ADDRESS	
64 CITY - ST - ZIP	

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 110.07(3)(b), 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 checked or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

Jack Javen

3/31/95 (407) 471-5700

Date

Signature (Printed)