

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 11, 2004 08:00 AM
Secretary of State

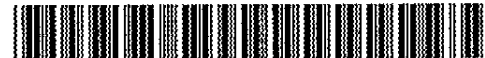
DOCUMENT # 272308

1. Entity Name
HILL YORK CORPORATION



Principal Place of Business
**2125 SOUTH ANDREWS AVENUE
FORT LAUDERDALE, FL 33316-3431**

Mailing Address
**2125 SOUTH ANDREWS AVENUE
FORT LAUDERDALE, FL 33316-3431**



01072004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1009092

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**DELL, HERBERT
2125 S. ANDREWS AVE.
%HILL YORK
FORT LAUDERDALE, FL 33316**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

000000085071
03/11/04-80033-006 158.75

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS LAFFERTY, ROBERT S 1730 S.E. 11TH ST. FT. LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DELL, HERBERT 777 BAYSHORE DR, APT 1004 FORT LAUD., FL 33304
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PHILLABAUM, JEFF 4691 122ND DR N W PALM BCH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LAFFERTY, ROBERT W. 824 S. RIO VISTA BLVD. FT. LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BAGLEY, ELDEN M. 2125 S ANDREWS AVE FT. LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address. With all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Elden M. Bagley

3/2/04 (954) 525-2971