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

PROFIT FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham **ANNUAL REPORT** Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # 1. Corporation Name 406596 HICKS & ASSOCIATES, INC.

FILED Apr 17 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					i staden abait dand ande densk lated ante debn dien dien dien deal neit in be
230 PALERM			6007 GRANADA BLVD		
CORAL GABLES FL 33134		CORAL GABLES FL 33146 US			DO NOT WRITE IN THIS SPACE
		00			3. Date Incorporated or Qualified
					08/10/1972
2. Principal Place of Business 2a. Mailing Address					4. FEI Number Applied For
21		26			59-1417093 Not Applicable
Sulte, Apt. #, etc.			Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional Fee Required
[]		City & State	Stato		
City & State City & St 23 28		├-¬ ´	Rate		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution
Zip	Country	Zip	Count	~	This corporation owes or has paid the current year Intangible
24	25	29	├─┐ ` ├─ ┐ `		Personal Property Tax due June 30. Yes No
 	9. Name and Address of Curre				10. Name and Address of New Registered Agent
НК	CKS, DONALD J		8	1 Name	ne
6007 GRANADA BLVD			8	Street	eet Address (P.O. Box Number is Not Acceptable)
CORAL GABLES FL 33146				- Ollock	et Address (1.10. Box Hambol to Not Hedepaste)
			В	3	
			8	4 City	85 Zip Code
				'	FL "
11, Pursuant	to the provisions of Sections 607.05	502 and 607.1508, Florida Sta	tutes, the abo	ve-named	ned corporation submits this statement for the purpose of changing its registered corporation's board of directors. I hereby accept the appointment as registered
agent. La	m familiar with, and accept the obli	igations of, Section 607.0505,	Florida Statut	es.	to political distribution of the state of th
SIGNATURE					
40	Signature, typed or printed name of registered a	igent and tide if applicable (ND DIRECTORS	IOTE Registered A	gent signature	ature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	P	DELETE	1.1 TITLE		
NAME	HICKS, DONALD J		1.2 NAM		HICKS, DONALD A. Le Change L. Addition
STREET ADDRESS	230 PALERMO AVENUE			et address	SS LOUT GRANADA BLVD.
CITY-ST-ZIP	OORAL GABLES FL		1.4 CITY		coral Eables, FL 33146
TITLE	8	DELETE	21 TITLE		S Change Addition
NAME	HICKS, MARILYN M		22 NAM		HICKS, MARILYN M.
STREET ADDRESS	200 PALERMO AVENUE		23 STRE	et address	
CITY-ST-ZIP	CORAL GABLES FL		2. 4 CITY	-ST-ZIP	CORAL GABLES, FL 33146
TITLE		☐ DELE TE	3.1 THTLE		☐ Change ☐ Addition
NAME			3 2 NAM	<u> </u>	
STREET ADDRESS			3.3 STAE	et address	SS
CITY-ST-ZIP			3.4. CITY		
TITLE		☐ DELETE	4 1 THTLE		Change Addition
NAME			4. 2 NAM		
STREET ADDRESS				et address	SS
CITY-ST-ZIP		DELETE	4 4 City		Change Addition
TITLE		[""] DETCIE	5 1 THE		C thange C Addition
NAME PROFES ADDRESS			5.2 NAM		
STREET ADDRESS				ET ADDRESS	35 1
CITY-ST-ZIP		DELETE	5.4 CITY 6.1 TITLE		Change Addition
NAME		باعتده ب	6.2 NAM		
1					į
STREET ADDRESS			E 4 CTDE	ET ADDRESS	22

14. 1 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 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, or on an attachment with an address.