FILE NOW: FILING FEE PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPA Sandra Secret	\$55D.00 RTIMENT OF STATE B. Mortham ary of State CORPORATIONS	FILED May 14 1997 8:00a Secretary of State	
HILLSB	MENT # 418358 OROUGH PROPERTIES, IN te of Business KA AVENUE 800-4325		E		
				3. Date Incorporated or Qualified 02/10/1973	3a. Date of Last Report 05/01/1996
Principal P	Place of Business	2a. Mailing Address 26		4. FEI Number 59-1499029	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State		27Cily & State		6. Election Campaign Financing	Fee Required \$5.00 May Be
		28	Country	Trust Fund Contribution	Added to Fees
Zip	Country 25	Zip 29	Country	 8. This corporation has liability for i Florida Statutes 	intangible tax under s. 199.032,] Yes No
Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida State	84 City Ites, the above-named co	rporation submits this statement for the p	FL 85 Zip Code
Pursuant office or r agent. I a GNATURE			ites, the above-named co authorized by the corpor lorida Statules.	rporation submits this statement for the p ation's board of directors. I hereby accep	PL
	Signature, typed or printed name of registered ap				PL
	Signature, typed or printed name of registered ap OFFICE RS At	jent and little if applicable. (NC	Ites, the above-named co authorized by the corpor forida Statulos. TE Registered Agent sgnature req 13. 1.1 III.F	ulrod when reinstating)	PL
GNATURE LE	Signature, typed or pulated name of registriced ap OFFICE RS At DORENZO, LEO A. 2609 HAWTHORNE CIRCLE	ent and lide if applicable. (NO ND DIRECTORS	utes, the above-named co authorized by the corpor forida Statulos.	ulrod when reinstating)	DATE
GNATURE , LE ME REET ADDRESS Y-ST-ZIP	Signature, typed or puinted name of registered ap OFFICE RIS At DORENZO, LEO A. 2609 HAWTHORNE CIRCLE TAMPA FL	jent and litte if applicable. (NC ND DIFIECTORS DELLTE	Ites, the above-named co authorized by the corpor lorida Statulos. 16 Hegistered Agent signature reg 13. 1.1 III.F 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	ulrod when reinstating)	DATE DATE DATE CHANGE CTORS IN 12 Change Addition
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