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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 528170

 Corporation 	Name JZO175						
HILLER A	AGENCY, INC.						
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	•			-			
Principal Place	e of Business	. Mailing Address			r tonen neved times inter trans iman part gints	BABIN BIBLI BIBLI BIBLI BIBLI	
5905 MICHELAN	NGELO ST	5905 MICHELANGELO ST					
CORAL GABLES	S FL 33146	CORAL GABLES FL 33146					
US		US			DO NOT WRITE IN THIS	S SPACE	$\overline{}$
					3. Date Incorporated or Qualifed		
5	to a d Book and	A Mailine Address			02/11/1977 4. FEI Number	Applied Co.	
	lace of Business	2a. Mailing Address				Applied For Not Applica	
Suite, Apt.	# etc	Suite, Apt. #, etc.			59-1719949	\$8.75 Additional	
	#, 6tc.	27			5. Certifcate of Status Desired	Fee Required	'
City & State	, , , , , , , , , , , , , , , , , , ,	City & State			6. Election Campaign Financing	\$5.00 May Be	
23	•	28			Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country	,	8. This corporation owes the current year tr		
24	25	29 3	-		Personal Property Tax.	Yes 🖺 No	
**1	9. Name and Address of Current	1 1	- ,		10. Name and Address of New Registered	l Agent	
			81	Name			
	L M. HILLER		02	Ctront A	dress (P.O. Box Number is Not Acceptable)		
5905	MICHELANGELO ST		82	Street Ad	doress (P.O. Box Number is Not Acceptable)		
COR	AL GABLES FL 33146		83		(我们等外 如果 (1) 特别是此	Partie Contraction	- 3
			<u> </u>	ļ	· 人名意图及特别特别人。这种特别	3 (1) Va (18), 3(2), 2(2)	12
			84	City	FI	85 Zip Code	
11. Pürsüant	to the provisions of Sections 607.0502	and 607.1508. Florida Statutes	the above	e-named o	progration submits this statement for the purpose o	f changing its registere	ed
office or n	egistered agent, or both, in the State on familiar with, and accept the obligation	of Florida. Such change was auth	horized by	the corpor	progration submits this statement for the purpose of ation's board of directors. I hereby accept the appointment of the purpose of the purpos	intment as registered	ļ
. agent. i a	m tamiliar with, and accept the obligati	ions of Section 607.0505. Fidila					
_							
SIGNATURÉ	Signature, typed or printed name of registered agent				dired when reinstating) DATE		
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS ANI	and title if applicable. (NOTE: Re			uired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12	
		and title if applicable. (NOTE: Re	egistered Agei			ND DIRECTORS IN 12	2
12.	OFFICERS AND	and title if applicable. (NOTE: Re	egistered Agei				2
12.	OFFICERS AND	and title if applicable. (NOTE: Re	13. 1.1 TITLE 1.2 NAME				2
12. TITLE NAME STREET ADDRESS	PD HILLER, INES A 5905 MICHEL ANGELO	and title if applicable. (NOTE: Re	13. 1.1 TITLE 1.2 NAME	nt signature req			2
12. TITLE NAME	PD HILLER, INES A	and title if applicable. (NOTE: Re	13. 1.1 TITLE 1.2 NAME 1.3 STREE	nt signature req			2 dition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HILLER, INES A 5905 MICHEL ANGELO CORAL GABLES, FL 33146 DTS	and title if applicable. (NOTE: Ro D DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S	nt signature req		☐ Change ☐ Add	2 dition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PD HILLER, INES A 5905 MICHEL ANGELO CORAL GABLES, FL 33146 DTS HILLER, PAUL M	and title if applicable. (NOTE: Ro D DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-S 2.1 TITLE 2.2 NAME	nt signature req		☐ Change ☐ Add	2 dition
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14. 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 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 or an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

FILED

Jan 22, 1999 8:00am

Secretary of State 01-22-1999 90068 043 ***150.00