


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

FILED

**Feb 12 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # 600578 (9)
1. Corporation Name
WM. JOSEPH HILL D.D.S., PROFESSIONAL ASSOCIATION



Principal Place of Business: PROFESSIONAL ASSOCIATION, 313 S E 15TH TERRACE, DEERFIELD BEACH FL 33441
Mailing Address: PROFESSIONAL ASSOCIATION, 313 S E 15TH TERRACE, DEERFIELD BEACH FL 33441

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21-24) and Mailing Address (25-30) fields with sub-fields for Suite, Apt. #, City & State, Zip, and Country.

3. Date Incorporated or Qualified: 11/20/1968

4. FEI Number: 59-1225310

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

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30: Yes No

9. Name and Address of Current Registered Agent
**FLETCHER, ALBERT E JR
2211 N.E. 36TH STREET
LIGHTHOUSE POINT FL 33064**

10. Name and Address of New Registered Agent
81 Name: Hill, Wm Joseph
82 Street Address (P.O. Box Number is Not Acceptable): 313 SE 15th Terrace
83 City: Deerfield Beach
84 City: FL 85 Zip Code: 33441

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: *Wm Joseph Hill* (NOTE: Registered Agent signature required when reinstating) DATE: 2/3/98

12. OFFICERS AND DIRECTORS

TITLE	T	<input type="checkbox"/> DELETE
NAME	HILL, EVA	
STREET ADDRESS	2899 NW 29TH RD.	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	PSD	<input type="checkbox"/> DELETE
NAME	HILL, WM JOSEPH	
STREET ADDRESS	2899 NW 29TH ROAD	
CITY-ST-ZIP	BOCA RATON FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 on an attachment with an address

SIGNATURE: *Wm Joseph Hill* 1-20-98 427-7513

CP2E034 (10/97)