

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra H. Myer
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 PM 1:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 607885

(1)

1. Corporation Name

HILTON REALTY, INC.

Principal Place of Business

115 N STATE ROAD 7
MARGATE FL 33063

Mailing Address

115 N STATE ROAD 7
MARGATE FL 33063

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/25/1979

3a. Date of Last Report
03/01/1994

4. FFI Number
59-1890428

Applied For
Not Applicable

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. Has corporation been subject to inspection under Chapter 135, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21

2b. Mailing Address

26

Suite, Apt. # etc.

Suite, Apt. # etc.

22

27

City & State

City & State

23

28

24

25

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MYER, STEVEN
115 N STATE ROAD 7
MARGATE, FLA.
33063

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 Zip Code

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 607.0504, Florida Statutes.

SIGNATURE

STEVEN MYER

4/28/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

NAME

P
MYER, STEVEN
115 N STATE ROAD 7
MARGATE, FL 00000

STREET ADDRESS

CITY, STATE, ZIP

NAME

ST
MYER, RAY
115 N STATE ROAD 7
MARGATE, FL 00000

STREET ADDRESS

CITY, STATE, ZIP

NAME

STREET ADDRESS

CITY, STATE, ZIP

NAME

STREET ADDRESS

CITY, STATE, ZIP

NAME

STREET ADDRESS

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CITY, STATE, ZIP

NAME

STREET ADDRESS

CITY, STATE, ZIP

NAME

STREET ADDRESS

CITY, STATE, ZIP

1. NAME

2. STREET ADDRESS

3. CITY, STATE, ZIP

4. NAME

5. STREET ADDRESS

6. CITY, STATE, ZIP

7. NAME

8. STREET ADDRESS

9. CITY, STATE, ZIP

10. NAME

11. STREET ADDRESS

12. CITY, STATE, ZIP

13. NAME

14. STREET ADDRESS

15. CITY, STATE, ZIP

16. NAME

17. STREET ADDRESS

18. CITY, STATE, ZIP

19. NAME

20. STREET ADDRESS

21. CITY, STATE, ZIP

22. NAME

23. STREET ADDRESS

24. CITY, STATE, ZIP

25. NAME

26. STREET ADDRESS

27. CITY, STATE, ZIP

14. I hereby certify that the information supplied with this filing is substantially true and correct and that I am not guilty for the same as stated in Section 119.03(1)(b), Florida Statutes. I further certify that the information submitted 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. 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 1, 2 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *

STEVEN MYER

4/28/95

(305) 971-1300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR