

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

FILED

Feb 20 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **810282** (4)

1. Corporation Name  
**1200 HILLSBORO INC**

Principal Place of Business  
**1200 HILLSBORO MILE  
HILLSBORO BCH FL 33062  
US**

Mailing Address  
**1200 HILLSBORO MILE  
HILLSBORO BCH FL 33062-1431  
US**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>03/28/1955</b>		3a. Date of Last Report <b>01/30/1996</b>	
21 State, Apt. #, etc.		26 State, Apt. #, etc.		4. FEI Number <b>59-0761988</b>		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>Co-op</b>	

9. Name and Address of Current Registered Agent

**BROOKER, V. M  
APT 6  
1200 HILLSBORO MILE  
HILLSBORO BEACH FL 33062**

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 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 607.0505, Florida Statutes.

SIGNATURE

(Signature required for both name of registered agent and fee, if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WRIGHT, LORRAINE</b>	1.2 NAME	
STREET ADDRESS	<b>238 CARDINAL DRIVE</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>OAKVILLE ON</b>	1.4 CITY - ST - ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BROOKER, VIRGINIA</b>	2.2 NAME	
STREET ADDRESS	<b>1200 HILLSBORO MILE AIA</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>POMPANO BEACH FL</b>	2.4 CITY - ST - ZIP	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCREAVIE, KENNETH S</b>	3.2 NAME	
STREET ADDRESS	<b>APT 24, 1200 HILLSBORO MILE</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>HILLSBORO BEACH FL</b>	3.4 CITY - ST - ZIP	
TITLE	<b>P</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<b>V</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>KOLB, PHILIP</b>	4.2 NAME	<b>COLOMBES, JERRY</b>
STREET ADDRESS	<b>2831 RIVER AVENUE</b>	4.3 STREET ADDRESS	<b>1200 HILLSBORO MILE APT 4</b>
CITY - ST - ZIP	<b>OCEANSIDE, NY 11572</b>	4.4 CITY - ST - ZIP	<b>POMPANO BEACH FL</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<b>V</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	<b>KRUSE, DIETER APT. 1.</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>1200 HILLSBORO MILE</b>
CITY - ST - ZIP		5.4 CITY - ST - ZIP	<b>POMPANO BEACH, FL</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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:

*K. McReavie* **K. McREAVIE, TREASURER** 2/16/97 427-8217

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone

CR2E034 (9/96)