


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

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May 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS																																																																																																																																																							
DOCUMENT # F25680 (2) 1. Corporation Name SAMUEL R. HILLMAN, P.A.																																																																																																																																																											
Principal Place of Business 5701 NICHOLSON DR SUITE 4-A HUDSON OH 44236 US			Mailing Address 5701 NICHOLSON DR SUITE 4-A HUDSON OH 44236-3788 US																																																																																																																																																								
2. Principal Place of Business 21 Suite, Apt. #, etc. (DELETE "SUITE 4-A") 23 City & State 24 Zip 25 Country		2a. Mailing Address 26 Suite, Apt. #, etc. (DELETE "SUITE 4-A") 28 City & State 29 Zip 30 Country		3. Date Incorporated or Qualified 03/17/1981 4. FEI Number 59-2159847 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																																																																																																																																																							
9. Name and Address of Current Registered Agent ANDRES, JAN 13923 ICOT BLVD SUITE 800 SUITE 4-A CLEARWATER FL 34620			10. Name and Address of New Registered Agent 81 Name JAN ANDREW PRESS 82 Street Address (P.O. Box Number is Not Acceptable) 13923 ICOT BLVD SUITE 800 (DELETE SUITE 4-A) 83 City CLEARWATER 84 State FL 85 Zip Code 34620																																																																																																																																																								
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: _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE: _____																																																																																																																																																											
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3">12. OFFICERS AND DIRECTORS</th> <th colspan="3">13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</th> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td>DELETED</td> <td>1.1 TITLE</td> <td colspan="2">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td>STREET ADDRESS</td> <td></td> <td>1.2 NAME</td> <td colspan="2"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>1.3 STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td>DELETED</td> <td>1.4 CITY-ST-ZIP</td> <td colspan="2">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td>STREET ADDRESS</td> <td></td> <td>2.1 TITLE</td> <td colspan="2"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>2.2 NAME</td> <td colspan="2"></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td>DELETED</td> <td>2.3 STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>NAME</td> <td>STREET ADDRESS</td> <td></td> <td>2.4 CITY-ST-ZIP</td> <td colspan="2">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>3.1 TITLE</td> <td colspan="2"></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td>DELETED</td> <td>3.2 NAME</td> <td colspan="2"></td> </tr> <tr> <td>NAME</td> <td>STREET ADDRESS</td> <td></td> <td>3.3 STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>3.4 CITY-ST-ZIP</td> <td colspan="2">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td>DELETED</td> <td>4.1 TITLE</td> <td colspan="2"></td> </tr> <tr> <td>NAME</td> <td>STREET ADDRESS</td> <td></td> <td>4.2 NAME</td> <td colspan="2"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>4.3 STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td>DELETED</td> <td>4.4 CITY-ST-ZIP</td> <td colspan="2">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td>STREET ADDRESS</td> <td></td> <td>5.1 TITLE</td> <td colspan="2"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>5.2 NAME</td> <td colspan="2"></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td>DELETED</td> <td>5.3 STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>NAME</td> <td>STREET ADDRESS</td> <td></td> <td>5.4 CITY-ST-ZIP</td> <td colspan="2">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>6.1 TITLE</td> <td colspan="2"></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td>DELETED</td> <td>6.2 NAME</td> <td colspan="2"></td> </tr> <tr> <td>NAME</td> <td>STREET ADDRESS</td> <td></td> <td>6.3 STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>6.4 CITY-ST-ZIP</td> <td colspan="2">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> </table>						12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			TITLE	NAME	DELETED	1.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>		NAME	STREET ADDRESS		1.2 NAME			CITY-ST-ZIP			1.3 STREET ADDRESS			TITLE	NAME	DELETED	1.4 CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>		NAME	STREET ADDRESS		2.1 TITLE			CITY-ST-ZIP			2.2 NAME			TITLE	NAME	DELETED	2.3 STREET ADDRESS			NAME	STREET ADDRESS		2.4 CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>		CITY-ST-ZIP			3.1 TITLE			TITLE	NAME	DELETED	3.2 NAME			NAME	STREET ADDRESS		3.3 STREET ADDRESS			CITY-ST-ZIP			3.4 CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>		TITLE	NAME	DELETED	4.1 TITLE			NAME	STREET ADDRESS		4.2 NAME			CITY-ST-ZIP			4.3 STREET ADDRESS			TITLE	NAME	DELETED	4.4 CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>		NAME	STREET ADDRESS		5.1 TITLE			CITY-ST-ZIP			5.2 NAME			TITLE	NAME	DELETED	5.3 STREET ADDRESS			NAME	STREET ADDRESS		5.4 CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>		CITY-ST-ZIP			6.1 TITLE			TITLE	NAME	DELETED	6.2 NAME			NAME	STREET ADDRESS		6.3 STREET ADDRESS			CITY-ST-ZIP			6.4 CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
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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: _____ 4/22/97 216-463-5405 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #																																																																																																																																																											



CR2E034 (9/96)