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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G67325

(2)

CARL HILTON CORPORATION

Principal Place of Business

13243 93RD ST. N. SEMINOLE FL 34643 Mailing Address

13243 83RD ST. N. SEMINOLE FL 33773-1326

FILED Apr 23 1997 8:00am Secretary of State



					3. Date incorporated or Qualified	3a. Date of Last	Penori
					11/01/1983	04/17/1996	пород
2. Principal Place of Business		. Mailing Address	a 2 1d		4. FEI Number		Applied For
13243 932	ST. N. 26	13243	75	STN	59-2347910		Not Applicable
Suite Apt. # etc.	27	Suite, Apt. #, etc.			5. Certificate of Status Desired	T T T T T	Additional Required
City & State		City & State			6. Election Campaign Financing		May Be
3 LARGO FL		LARCO.	, Fi	<u>L.</u>	Trust Fund Contribution		d to Fees
Zip Cour		Zip	Country		8. This corporation has liability for	intangible tax under	s. 199.032,
4 33773 - 13 26 25			30 4	SA		Yes No	
	iress of Current Regi	stered Agent		T	10. Name and Address of New Re	egistered Agent	
HILTON, CARL W.			B1 Name				
320 GULF BLVD. BELLEAIR SHORE FL 4828- 33786			82	82 Street Address (P.O. Box Number is Not Acceptable)			
BELLEAIR SHUHE FL 4	See >> /*	6	83		***************************************		
			84	City		FL 85 2	o Code
11. Pursuant to the provisions of Se	ections 607.0502 and (607, 1508, Florida Statutes	s, the abov	e-named corpo	oration submits this statement for the	purpose of changing	its registered
office or registered agent, or be agent. I am familiar with, and a	oth un toe State of Flor	ida. Such change, las au 305. Flor	uthorized by ida Statute	y the corporation	on's board of directors. I hereby acce	ipt the appointment a	as registered
SIGNATURE			101	er er	411271	//19/97)
Segue ver typod or potred ne	arrie of registered agent and bit			en! signalure require		DATE	
12.	OFFICERS AND DIRE	CTORS DELETE	13.		ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTO	
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4. 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 1 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/67 8/3-587-7780