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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

G67325

(2)

CARL HILTON CORPORATION

Principal Place of Business	

Mailing Address

13243 93RD ST. N.

13243 93RD ST. N.

FILED Mar 20 1998 8:00am Secretary of State



SEMINOLE FL 33773-1326 SEMINOLE FL 34643 US		DO NOT WRITE IN T	HIS SPACE				
US					3. Date Incorporated or Qualified		
					11/01/1983		i
	lace of Business	2a. Mailing Address		مه	4. FEI Number		Applied For
21 /32		26 13243	<u>73 </u>	ed STN.	59-2347910		Not Applicable
Suite, Apt.		Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional Required
	City & State City & State City & State City & State		6. Election Campaign Financing		O May Be		
23 C/7	Country Zip Country			Trust Fund Contribution		d to Fees	
₂₄ 33773	-1326 25 USA	29 33773 - 1326 3		SA	 This corporation owes or has paid the Personal Property Tax due June 30. 	_ `	ntangible No
	9. Name and Address of Current I	10. Name and Address of New Registe					
HII	TON, CARL W.	-	81	Name			
COO OUE F DIVID			Street Addres	ss (P.O. Box Number is Not Acceptable)			
BELLEAIR SHORE FL 33788							
			83				ļ
			84	City		FL 85 Zip	Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	, the above	s-named corpor	ration submits this statement for the ournor	se of changing	its registered
office or r agent. I a	egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida Such change was aut	thorized by da Statutes	the corporation	n's board of directors. I hereby accept the	appointment a	is registered
SIGNATURE		////	_			12/98	
	Signature to on or provide manuscal registration agent a			nt signature required	when reinstating) DA	16	
12.	OFFICERS AND I	DELETE	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIFFECTO	
NAME	HILTON, CARL W		1.2 NAME				
STREET ADDRESS	320 GULF BLVD.		1.3 STREET	ADDRESS			
CITY-ST-ZIP	BELLEAIR SHORE FL		1.4 CITY-S				
TITLE	P	DELETE	2.1 TITLE			Change	Addition
NAME	HILTON, CARL W		2.2 NAME				
STREET ADDRESS	320 GULF BLVD.		2.3 STREET	ADORESS			
CITY-ST-ZIP	BELLEAIR SHORE FL		2. 4 CITY-5	IT- ZIP			
TITLE	8	☐ DELET É	3.1 TITLE			☐ Change	Addition
NAME	HILTON, CARL W		3.2 NAME	•			
STREET ADDRESS	320 GULF BLVD.		3.3 STREET	ADDRESS			
CITY-ST-ZIP	BELLEAIR SHORE FL		3.4. CITY - S	T-ZIP			
TITLE	T	☐ DELETE	4.1 TITLE			☐ Change	☐ Addition
NAME	HILTON, CARL W		4. 2 NAME				
STREET ADDRESS	320 GULF BLVD.		4.3 STREET	ADDRESS			ľ
CITY-ST-ZIP	BELLEAIR SHORE FL	T or ore	4.4 CITY-S	r - ZIP			
TITLE		☐ DELETE	5.1 TITLE	1		☐ Change	Addition
NAME		•	5.2 NAME		•		
STREET ADDRESS			5.3 STREET				
CITY-ST-ZIP		DELETE	5.4 CITY-S	I-ZIP		nh	A addition
TITLE		DELETE	6.1 TITLE			Change	Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET				
CITY-ST-ZIP			6.4 CITY - ST	- ZiP			

14. 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: