


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

**FILED**  
**Mar 31, 1999 8:00 am**  
**Secretary of State**

03-31-1999 90008 048 \*\*\*150.00

0247362

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # G68991**

1. Corporation Name  
**HILLSIDE, INC.**

Principal Place of Business  
**% DAVID B. MCCAIN, ESQ.**  
**700 N.W. 107TH AVENUE**  
**MIAMI FL 33172**

Mailing Address  
**% DAVID B. MCCAIN, ESQ.**  
**700 N.W. 107TH AVENUE**  
**MIAMI FL 33172**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**11/10/1983**

4. FEI Number

**59-2343135**

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. This corporation owes the current year Intangible Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 **700 NW 107 AVENUE**

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

**Miami FL**

28 City & State

**Miami FL**

24 Zip

**33172**

25 Country

**USA**

29 Zip

**33172**

30 Country

**USA**

9. Name and Address of Current Registered Agent

**MCCAIN, DAVID B., ESQ.**  
**700 N.W. 107TH AVENUE**  
**MIAMI FL 33172**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **CD** ☐ DELETE  
 NAME **MILLER, LEONARD**  
 STREET ADDRESS **700 NW 107TH AVE, 4TH FL**  
 CITY-ST-ZIP **MIAMI FL**

TITLE **VD** ☒ DELETE  
 NAME **BOLOTIN, IRVING**  
 STREET ADDRESS **700 NW 107TH AVE, 4TH FL**  
 CITY-ST-ZIP **MIAMI FL**

TITLE **VD** ☐ DELETE  
 NAME **PEKOR, ALLAN J.**  
 STREET ADDRESS **700 NW 107TH AVE, 4TH FL**  
 CITY-ST-ZIP **MIAMI FL**

TITLE **PD** ☐ DELETE  
 NAME **MILLER, A S**  
 STREET ADDRESS **700 NW 107TH AVE, 4TH FL**  
 CITY-ST-ZIP **MIAMI FL 33172**

TITLE **T** ☐ DELETE  
 NAME **MALCOLM, WAYNEWRIGHT**  
 STREET ADDRESS **700 NW 107TH AVE, 4TH FL**  
 CITY-ST-ZIP **MIAMI FL 33172**

TITLE **AS** ☐ DELETE  
 NAME **SIERRA, KATHLEEN E.**  
 STREET ADDRESS **700 NW 107TH AVE, 4TH FL**  
 CITY-ST-ZIP **MIAMI FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP

2.1 TITLE **VD** ☐ Change ☒ Addition  
 2.2 NAME **MCCAIN, DAVID B.**  
 2.3 STREET ADDRESS **700 NW 107 AVENUE**  
 2.4 CITY-ST-ZIP **MIAMI FL 33172**

3.1 TITLE ☐ Change ☐ Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

4.1 TITLE **PD** ☒ Change ☐ Addition  
 4.2 NAME **Miller, Stuart A.**  
 4.3 STREET ADDRESS **700 N.W. 107 AVENUE**  
 4.4 CITY-ST-ZIP **MIAMI FL 33172**

5.1 TITLE ☐ Change ☐ Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
 6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**DAVID B. MCCAIN**

**VICE PRESIDENT**

**11/21/99**

**305-229-6400**

Date

Daytime Phone #

CR2E034 (11/98)