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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

7105 HAZELHURST CT TAMPA FL 33615

US

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J35465

(0)

Mailing Address

US

7105 HAZELHURST CT

TAMPA FL 33615-2946

R INVESTMENTS OF HILLSBOROUGH, INC.

4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business 59-2721283 Not Applicable 21 26 \$8.75 Additional Suite, Apt. #, etc Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 28 23 Country 8. This corporation has liability for intangible tay under s. 199.032, Yes No 30 Florida Statutes 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name TESTA, PHILIP J 4726 LOIS AV N 82 Street Address (P.O. Box Number is Not Acceptable) **TAMPA FL 33614** 83 84 City 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. Fam familiar with, and accept the obligations of, Section 607.0505. Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signations figure is proceeding a refrequenced agent and little flapplicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Change Addition DELETE 1.1 TITLE THILE rietow, marlas M. 1.2 NAME NAMÉ 7105 HAZELHURST CT 1.3 STREET ADDRESS STREET ADDRESS TAMPA FL 1.4 CITY-ST-ZIP CHY-ST-ZIP Change Addition DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY-ST-ZIP GUY-ST-ZIE Change Addition DELETE 3.1 TITLE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - ZIP CITY -ST-ZIP Change Addition DELETE 4.1 TITLE THRE 4 2 NAME NAME 4.3 STHEET ADDRESS STREET ADDRESS 4.4 CITY - ST-ZIP CITY - ST - ZIF DELETE Change Addition 5.1 TITLE TILLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CHTY - ST - ZIP Change Addition DELETE 61 TITLE TITLE 6.2 NAME NAM: 6.3 STREET ADDRESS STREE! ADDRESS

6.4 CITY - ST - 7IP

Marias M. Rictow, President 1-10-17

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

FILED
Jan 16 1997 8:00am
Secretary of State



3a. Date of Last Report

01/23/1996

3. Date Incorporated or Qualified

09/30/1986