

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

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90029 013 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # K30526

1. Corporation Name
HILLIER & ASSOCIATES, P.A.

Principal Place of Business % DENNIS W. HILLIER 4800 N. FEDERAL HWY., SUITE 300B BOCA RATON FL 33431	Mailing Address % DENNIS W. HILLIER 4800 N. FEDERAL HWY., SUITE 300B BOCA RATON FL 33431
---	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Country 29	Zip 30

3. Date Incorporated or Qualified 08/09/1988	
4. FEI Number 65-0063129	Applied For Not Applicable
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 owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

HILLIER, DENNIS W.
4800 N. FEDERAL HWY., SUITE 300B
BOCA RATON FL 33431

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE VP	<input checked="" type="checkbox"/> DELETE	1.1 TITLE VP/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME GOLDMAN, DEBRA F.		1.2 NAME BOND, JOAN K.	
STREET ADDRESS 4800 N. FEDERAL HWY., SUITE 300B		1.3 STREET ADDRESS 4800 N. Federal Hwy # 300B	
CITY-ST-ZIP BOCA RATON FL 33431		1.4 CITY-ST-ZIP BOCA RATON, FL 33431	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME Pires, Alex W.	
STREET ADDRESS		2.3 STREET ADDRESS 4800 N. Federal Hwy, Ste. 300B	
CITY-ST-ZIP		2.4 CITY-ST-ZIP BOCA RATON, FL 33431	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME Sim, Michael P.	
STREET ADDRESS		3.3 STREET ADDRESS 4800 N. Federal Hwy Ste 300B	
CITY-ST-ZIP		3.4 CITY-ST-ZIP BOCA RATON, FL 33431	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME HILLIER, DENNIS W.	
STREET ADDRESS		4.3 STREET ADDRESS 4800 N. FEDERAL HWY, STE 300B	
CITY-ST-ZIP		4.4 CITY-ST-ZIP BOCA RATON, FL 33431	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Joan K. Bond / JOAN K. BOND Date: 1/4/99 (561) 367-0430

CR2E034 (11/98)