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 PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # K30526

HILLIER & ASSOCIATES, P.A.

SIGNATURE:

Mar 01, 1999 8:00 am Secretary of State

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| % DENNIS W. | . == = | % DENNIS W. HILLIER | CHITE 200 | 10 | | | | |
| 4800 n. Federal Hwy Suite 3008 Boca Raton Fl 33431 | | 4800 N. FEDERAL HWY SUITE 300B BOCA RATON FL 33431 | | DO NOT WRITE IN THIS SPACE | | | | |
| DOOR HATON | 10 30401 | DOON INTON TE OUTO | | | 3. Date Incorporated or Qualifed | | | 7 |
| | | | | | 08/09/1988 | | | ļ |
| 2 Principal B | Mace of Business | 2a. Mailing Address | | | 4. FEI Number | | Applied For | 7 |
| <u>-</u> | lace of Busilless | | | | 65-0063129 | H | Not Applicable | , |
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| Suite, Apt. | #, etc. | <u></u> | | | 5. Certificate of Status Desired | • | Required | |
| !2 | | 27 City & State | | | E. E. Garagia Financiana carta | | | _ _ |
| City & Stat | | ⊢ , ′ | _ | | 6: Election Campaign Financing Trust Fund Contribution | |)0 May Be —— ed to Fees | |
| 23 | Country | Zip | Col | untry | | | 60 10 1 003 | \dashv |
| Zip | Country | ⊢ | | and y | 8. This corporation owes the current year I | Trangible ☐ Yes | ⊡No | |
| 24 | 25 | 29 | 30 | 1 | Personal Property Tax. 10. Name and Address of New Registere | | | - |
| | 9. Name and Address of Curren | t Registered Agent | | 81 Name | 10. Name and Address of New Registere | Agent | | - |
| ш | IED DENNIC W | | | oi Name | | | | |
| | JER, DENNIS W. | 5 | | 82 Street A | ddress (P.O. Box Number is Not Acceptable) | | | 7 |
| | N. FEDERAL HWY., SUITE 300 | ם | | | | | · | _ |
| BOC | CA RATON FL 33431 | | | 83 | | | | ł |
| | | | | DA City | | 85 2 | ip Code | \dashv |
| | | | | 84 City | . F | L 83 1 | ip Code | - |
| 11 Pursuant | to the provisions of Sections 607,050 | 2 and 607.1508. Florida Statu | ites, the a | bove-named c | orporation submits this statement for the purpose | of changing | its registered | ヿ |
| office or r | egistered agent, or both, in the State im familiar with, and accept the obliga | of Florida. Such change was | authorized | d by the corpor | ration's board of directors. I hereby accept the app | ointment a | s registered | |
| SIGNATURE | | | | | ouired when reinstating) DATE | | |) - |
| | Signature, typed or printed name of registered ager | | | d Agent signature rec | , | ND DIDE | TODE IN 12 | ⊣ § |
| 12. | 1 : | DELETE | 13. | | ADDITIONS/CHANGES TO OFFICERS | Char | | <u>, </u> |
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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 an antachment with an address, with all other like empowered.