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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # K62613

## 1. Corporation Name V. DONALD HILLEY, P.A.

FILED Feb 02, 1999 8:00am Secretary of State

02-02-1999 90023 025 \*\*\*150.00



Principal Plac	ce of Business	Mailing Address				ON BADAL BEBAL BAĞAL	8/8// B/8// (188)
11382 PROSP		<del>-</del>				•	-
STE 124	Entirnmo	11382 PROSPERITY FRM STE, 124	15				
PALM BCH. GARDENS FL 33410 PAL			PALM BCH. GA 33410		DO NOT WRITE IN THIS SPACE		
US US				3. Date Incorporated or Qualified			
					02/01/1989		ĺ
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number	Δ,	oplied For
21		26			65-0098160	<u> </u>	ot Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.					
22]				5. Certificate of Status Desired			
City & State City & State		*****					
23 28				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip	Country	Zip	Cour	ntry			to rees
24	25	29	30	,	This corporation owes the current year     Personal Property Tax.	Intangible ☐ Yes	□No
	9. Name and Address of Curren		[30]		10. Name and Address of New Registers		
				81 Name	10. Name and Address of New Registers	eu Agent	
HILL	LEY, V. DONALD					•	ļ
11382 PROSPERITY FRMS			82 Street Add	dress (P.O. Box Number is Not Acceptable)			
	. 124				and the state of t	<u></u>	\$ 200 Section 1000
	M BCH. GARDENS FL 33410			83	一		
1,742	an both draibelto te corto		-	84 City	# Rect Street	. 85 Zip (	Code
<u> </u>	Tike Mark Committee		,	,	F	LII	, , ,
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida State	utes, the ab	ove-named corp	poration submits this statement for the purpose	of changing its	registered
agent. I a	am familiar with, and accept the obligat	tions øf, Section 607:0505, F	autnorized Iorida Statu	by the corporation	on's board of directors. I hereby accept the app	pointment as re	gistered
SIGNATURE	· / / / / /				1- /	5-00	
CICITATIONE	Signature, typed or printed rains of registered agent	t and this if a line is			· · · · · · · · · · · · · · · · · · ·	<del>-                                    </del>	
	Cignatare, typed or printed (Miles of registered again	t and title translicable. (NO:	i E: Registered /	igent signature require	d when reinstating) . DATE		
12.	OFFICERS ANI		12: Registered /	gent signature require		AND DIRECTO	PRS IN 12
<b>12.</b>				,	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	DRS IN 12
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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 trustees 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.

SIGNATUR

IGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-99 561-627-0009

Daytime Phone #

3R2E034:(11/98