

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L42627** (4)

1. Corporation Name

1065 HILLSBORO MILE CORPORATION

Principal Place of Business

**4860 NE 12TH AVE
FT LAUDERDALE FL 33334**

Mailing Address

**4860 NE 12TH AVE
FT LAUDERDALE FL 33334**



2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip Country

29 Zip Country

g. Name and Address of Current Registered Agent

**REPIC, EDWARD L
4860 NE 12TH AVE
FT LAUDERDALE FL 33334**

3. Date Incorporated or Qualified

01/10/1990

3a. Date of Last Report

08/18/1995

4. FEI Number

65-0147279

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

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 607.0702 and 607.1506, 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 607.0605, Florida Statutes.

SIGNATURE

Signature of Registered Agent

Signature of Registered Agent

DATE

12. OFFICERS AND DIRECTORS

12.1 NAME

12.2 STREET ADDRESS

12.3 CITY, ST, ZIP

12.4 TITLE

12.5 NAME

12.6 STREET ADDRESS

12.7 CITY, ST, ZIP

12.8 TITLE

12.9 NAME

12.10 STREET ADDRESS

12.11 CITY, ST, ZIP

12.12 TITLE

12.13 NAME

12.14 STREET ADDRESS

12.15 CITY, ST, ZIP

12.16 TITLE

12.17 NAME

12.18 STREET ADDRESS

12.19 CITY, ST, ZIP

12.20 TITLE

12.21 NAME

12.22 STREET ADDRESS

12.23 CITY, ST, ZIP

12.24 TITLE

12.25 NAME

12.26 STREET ADDRESS

12.27 CITY, ST, ZIP

12.28 TITLE

12.29 NAME

12.30 STREET ADDRESS

12.31 CITY, ST, ZIP

12.32 TITLE

12.33 NAME

12.34 STREET ADDRESS

12.35 CITY, ST, ZIP

12.36 TITLE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 NAME ☐ Change ☐ Addition

13.2 STREET ADDRESS ☐ Change ☐ Addition

13.3 CITY, ST, ZIP ☐ Change ☐ Addition

13.4 TITLE ☐ Change ☐ Addition

13.5 NAME ☐ Change ☐ Addition

13.6 STREET ADDRESS ☐ Change ☐ Addition

13.7 CITY, ST, ZIP ☐ Change ☐ Addition

13.8 TITLE ☐ Change ☐ Addition

13.9 NAME ☐ Change ☐ Addition

13.10 STREET ADDRESS ☐ Change ☐ Addition

13.11 CITY, ST, ZIP ☐ Change ☐ Addition

13.12 TITLE ☐ Change ☐ Addition

13.13 NAME ☐ Change ☐ Addition

13.14 STREET ADDRESS ☐ Change ☐ Addition

13.15 CITY, ST, ZIP ☐ Change ☐ Addition

13.16 TITLE ☐ Change ☐ Addition

13.17 NAME ☐ Change ☐ Addition

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13.32 TITLE ☐ Change ☐ Addition

13.33 NAME ☐ Change ☐ Addition

13.34 STREET ADDRESS ☐ Change ☐ Addition

13.35 CITY, ST, ZIP ☐ Change ☐ Addition

13.36 TITLE ☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 Book 12 or Book 13 if changed, or on an attachment with an address.

SIGNATURE:

Gerald M. Holland, Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/96 (954) 771-2210
DATE AND PHONE NUMBER

CR2E034 (12/95)