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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # L60298

HILEE D	EVELOPMENT CORPORATION	V				1			
			,						
Principal Plac	ce of Business	Mailing Address					BI IBII BIBII BII		Dil Oldir Bibsi Iodi
150 AZALEA DI		P.O. BOX 5404							
STE 8A DESTIN FL 32540					DO NOT WRITE IN THIS SPACE				
DESTIN FL! 32541 US US					DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed				
						03/26/1990			1
2. Principal Place of Business 2a. Mailing Address						4. FEI Number			Applied For
21 12 A		<u> </u>				59-3011432			Not Applicable
Suite, Apt. #, etc.  Suite, Apt. #, etc.						5. Certificate of Status Desired	Desired \$ \$8.75 Additional		
27						3. Certificate of Status Desired		Fee	Required
City & Stat		City & State —			*	6. Election Campaign Financing			00 May Be
			Cou	Country		Trust Fund Contribution			ed to Fees
zip   24 3:25	Country 54 1 25 (00000600000000	Zip	30	ни у		<ol><li>This corporation owes the curr Personal Property Tax.</li></ol>	ent year inta	ingible ⊠Yes	□No
24 523	9. Name and Address of Current I		30	ľ		10. Name and Address of New F	Registered A	Agent	
-			-	81	Name				
RILEE, JOHN				82	Street Add	ress (P.O. Box Number is Not Accepta	able)		
	CALHOUN AVE			-	Sueet Add	1005 (1 ; O: Dox Hambel 15 Hot / Hoopk			
<b>DES</b>	TIN FL 32541			83					
•				84	City			85	Zip Code
·					_		<u>FĻ</u>	بلل	
office or i	t to the provisions of Sections 607.0502 registered agent, or both, in the State of	Florida, Such change was	authorized	יעם נ	the corporati	poration submits this statement for the ion's board of directors, I hereby accep	purpose of the appoir	changin itment a	j its registered is registered
agent. I a	am familiar with, and accept the obligation	ons of, Section 607.0505, F	lorida Stat	utes.	•	,			
SIGNATŲRE		Jen d - e 11 Alon	TC. D	A	t signature tenula	ed when reinstating)	DATE		
12.	Signature, typed or printed name of registered agent a OFFICERS AND		13.	Agen	i aignatura redum	ADDITIONS/CHANGES TO OF		D DIRE	CTORS IN 12
TITLE	P	☐ DELET <b>E</b>	1.1 TI	TLE				Chai	nge 🔲 Addition
NAME	RILEE, JOHN K		1.2 N/	AME					
STREET ADDRESS			1.3 \$1	REET	ADDRESS				
CITY-ST-ZIP	DESTIN FL 32541		1.4 CI	1.4 CITY-ST-ZIP					
TITLE .				2.1 TITLE 2.2 NAME				Char	nge C Addition
NAME									[
STREET ADDRESS				2.3 STREET ADDRESS					
CITY-ST-ZIP.				2.4 CITY-ST-ZIP 3.1 TITLE			<del></del>	☐ Char	nge Addition
TITLE								Onlai	ige
NAME			3.2 N/						
STREET ADDRESS					TADDRESS				ļ
CITY-ST-ZIP.	·		4.1 TI	ITY-S TLE	11-23F			Cha	nge 🗀 Addition
NAME		☐ DELETE				<u> </u>			
STREET ADDRESS		☐ DELETE		AME					
CITY-ST-ZIP		☐ DELETE	4. 2 N		T ADDRESS				
	] .	DELETE	4. 2 N 4.3 S		TADDRESS T-ZIP				
TITLE	-	☐ DELETE	4. 2 N 4.3 S	TY-S				Chai	nge Addition
TITLE NAME	-		4. 2 N 4.3 S 4.4 Cl	TY-ST				Chai	ige Addition
•	-		4.2 N	TREET TY-S1 TLE AME				Chai	nge Addition
NAME (	-		4. 2 N 4.3 S 4.4 CI 5.1 TI 5.2 N 5.3 ST 5.4 CI	TREET TLE AME TREET TY-ST	T-ZIP				
NAME STREET ADDRESS	-		4. 2 N 4.3 S 4.4 Cl 5.1 TT 5.2 N 5.3 ST 5.4 Cl 6.1 TT	TY-ST TLE AME TREET TY-ST TLE	T-ZIP		11 7	Chai	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		☐ DELETE	4. 2 N 4.3 S' 4.4 CI 5.1 TT 5.2 Nv 5.3 ST 5.4 CI 6.1 TT 6.2 Nv	TREET TLE AME TREET TY-ST TLE AME	T-ZIP  T ADDRESS T-ZIP		16 %		
NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	4. 2 N 4.3 S' 4.4 CI 5.1 TT 5.2 Nv 5.3 ST 5.4 CI 6.1 TT 6.2 Nv	TREET TLE AME TREET TY-ST TLE AME	T-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:** 

850-857-8613

FILED Mar 24, 1999 8:00 am Secretary of State

03-24-1999 90035 027 \*\*\*158.75