FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Feb 17 1998 8:00am FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (9)L94176 HOLLIS & HOLLIS, INC. Principal Place of Business Mailing Address 10311 PENNYTREE PLACE 10011 PENNYTREE-PLACE TAMPA FL 80624 TAMPA FL 00024 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/16/1990 2. Principal Place of Business Mailing Address FEI Number Applied For 11444 CYPRESI PARK ST. 11444 Cypress Park ST. Suite, Apt. #, etc. 59-3021516 Not Applicable \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 City & State **\$5.00** May Be City & State 6. Election Campaign Financing FLOREDA TAMPA, Trust Fund Contribution Added to Fees 23 TAMPA 8. This corporation owes or has paid the current year Intangible HILLIBUROUGH 29 33624 30 HIW B ARONS Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name HOLLIS, CLAIRE A. 10311-PENNYTREE-PLACE Street Address (P.O. Box Number is Not Acceptable) TAMPA FL 33624 83 33624 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 Statio 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 (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change DELETE 1.1 TiTLE TITLE HOLLIS, CLAIRE A. 1.2 NAME NAME HAAA CASPERT BUTK ZL. 10311 PENNYTRE PLACE 1.3 STREET ADDRESS STREET ADDRESS TRAMPA FE JAMPA FL 1.4 CITY-\$1-ZIP CITY-ST-ZIP Change Addition DELETE 21 TITLE TITLE 2.2 NAME NAME 2 3 STREET ADDRESS STREET ADDRESS 2 4 CHY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 3 1 TITLE TITLE 3.2 NAME

STREET ADDRESS

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 of Spiplemental 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 corperator 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 chapted, or on an attachment with an address.

3.3 STREET ADDRESS

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3.4. CITY-ST-ZIP

4.1 TITLE

4. 2 NAME

5.1 TITLE

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6.1 TITLE

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STREET ADDRESS

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2

219198 (813)962-024

Change

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