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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Jan 29, 1999 8:00am Secretary of State

01-29-1999 90050 015 ***158.75

DOCUMENT	#	198692
1. Corporation Name		

Berryi 	HILL, HOFFMAN & COMPA	ANY, P.A.						
Principal Plac	ce of Business	Mailing Address				HU 19110 (16) Q10	HIL OLDRA ONDAL ÇIYDI.	DIBIL DIBIL IDBI
107 NE 1ST A		107 NE 1ST AVE						
OCALA FL 320		OCALA FL 32670-3661						
						VRITE IN TH	IIS SPACE	
					3. Date incorporated or Qual	fed	•	
2 Principal I	Place of Business	2a. Mailing Address			09/06/1990 4. FEI Number			
├ -	riace of busilless				59-3023092		<u> </u>	pplied For
Suite, Apt	# etc.	26 Suite, Apt. #, etc.			<u> </u>			ot Applicable Additional
22		27			5. Certificate of Status Desire	d X C⊃		equired
City & Sta	te	City & State			6. Election Campaign Financ	na _		May Be
23		28			Trust Fund Contribution	""		to Fees
Zip	Country	Zip	Country		8. This corporation owes the	current year	Intangible	
24	25	29	30		Personal Property Tax.		X Yes	□No
	9. Name and Address of Curr	rent Registered Agent			10. Name and Address of Ne	w Registere	d Agent	
DEE	RYHILL, MICHAEL W		. 81	Name		-		
25.5407	THE IST AVE	MY. P.A.	82	Street Addr	ess (P.O. Box Number is Not Acc	eptable)		
OCA	ALA FL 32670		<u> </u>	ļ	e samme de la la companya de la comp	<u> </u>	بيع موجود ويساع الم	
00,	ADA I E SEO/O		83	•			。	
			84	City		25 34 . 4 . 4 . 7 . 7 . 7 . 7 . 7 . 7 . 7 .	85 Zip	Code
	* **	New Stellar Color		, -	·—-	F		
4000 \$ 800 A 20 B A				1				
11. Pursuant	to the provisions of Sections 607.0 registered agent, or both, in the Sta	502 and 607,1508, Florida Statulte of Florida, Such change was	ites, the above	e-named corporation	oration submits this statement for on's board of directors. I hereby a	the purpose cept the app	or changing its	s registerea eaistered
11. Pursuant office or agent. I a	to the provisions of Sections 607.0 registered agent, or both, in the Sta am familiar with, and accept the obli	502 and 607.1508, Florida Statu te of Florida. Such change was igations of, Section 607.0505, Fl	ites, the above authorized by orida Statutes	e-named corporatio	oration submits this statement for on's board of directors. I hereby a	the purpose ccept the app	or changing its pointment as re	registered egistered
11. Pursuant office or agent. I a		•					or changing its	registered
SIGNATURE	Signature, typed or printed name of registered a	agent and title if applicable. (NOT	E: Registered Agen		d when reinstating) 🔐 🛬 🚶	DATE	<u> </u>	· ·
SIGNATURE	Signature, typed or printed name of registered a	egent and title if applicable. (NOT	E: Registered Agen		d when reinstating)	DATE	AND DIRECTO	ORS IN 12
SIGNATURE 12. TITLE	Signature, typed or printed name of registered a OFFICERS	agent and title if applicable. (NOT	E: Registered Agen 13. 1,1 TITLE		d when reinstating) 🔐 🛬 🚶	DATE	<u> </u>	· ·
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered a OFFICERS of P BERRYHILL, MICHAEL W	egent and title if applicable. (NOT	E: Registered Agen 13. 1,1 TITLE 1,2 NAME	nt signature required	d when reinstating)	DATE	AND DIRECTO	ORS IN 12
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4. I hereby certify that the information supplied with this filling 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 ehanged, or on an attachment with an address, with all other like empowered.