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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(2)

HILLTOPPER MANAGEMENT COMPANY

FILED Mar 13 1998 8:00am Secretary of State



Principa! Plac	ce of Business	Mailing Address			-}	U
2511 W. WIRGHMA AVE. 4303 N. ATMENIA, 2511 W. WIRGHMA AVE. 4303 N. ATMENIA AVE						
	TAMPA FL 33607 - TAMPA FL 33607 -					
İ					DO NOT WRITE IN THIS SPACE	
ŀ					3. Date Incorporated or Qualified	
2. Principal P	Place of Business	2a. Mailing Address .		 	04/15/1988 4. FEI Number	
21 430	3 N. Armenia Ave.		Armen	lia Ave.		Applied For Not Applicable
Suite, Apt	#, etc.	Suite, Apl. #, etc.	11-1-1-1		59-2891923	60 7E
22		27			5. Certificate of Status Desired	Fee Required
City & Stat	mpa florida	City & State 28 AMA	A.		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Cou	ntry	8. This corporation owes or has p	
24 77	607 25 U.S.A.	29 3360	30	"U.S.A.	Personal Property Tax due Jun	ne 30. 🔲 Yes 🔲 No
<u> </u>	g, Name and Address of Current	Registered Agent			10. Name and Address of New R	egistered Agent
	ne zarate			81 Name		
10922 JUNIPTERUS PL 82 Street Addres				ess (P.O. Box Number is Not Accepte	ible)	
SUITE 700						
ļ tai	MPA FL 33618			63		
				84 City		85 Zip Code
	A. di					
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 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 0505, Florida Statutes.						
agent. I a	im familiar with, and accept the obligat	tions of, Section 607.0505, F	lorida Stat	utes.	one board or amodiore, thoroby adde	specific appointment as registered
SIGNATURE	Signature, typed or printed native of registered agent	in the second	77 Fr			
12.	OFFICERS AND		13.	Agent signature required	ADDITIONS/CHANGES TO OFFI	DATE
TITLE	PSD	DELETE	1.1 111	LE	ADDITIONS/OFIANGES TO OFF	Change Addition
NAME	ZARATE, RENE		1.2 NA	I .		
STREET ADDRESS	10922 JUNIPERUS PL		13 ST	REET ADDRESS		
CITY-ST-ZIP	TAMPA FL		1.4 C/I	Y-ST-ZIP		
TITLE	VTD	DELETE	21 TIT	LE	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	☐ Change ☐ Addition
NAME	SALLY R. ZARATE		2.2 NA	ME		
STREET ADDRESS	10922 JUNIPTERUS PL		2.3 STI	REET ADDRESS		. N
CATY-ST-ZIP	TAMPA FL		2 4 CI	TY-ST-ZIP		
TITLE		☐ DELETE	3.1 TIT	LE		☐ Change ☐ Addition
NAME			3.2 NA	ME		
STREET ADDRESS			3.3 ST	REET ADDRESS		
CITY-ST-ZIP				TY-ST-ZIP		
TITLE		DETEAS.	4.1 TIT			Change Addition
NAME			4. 2 NA	I		
STREET ADORESS				REET ADDRESS		
CITY-ST-ZIP		C protect		Y-ST-ZIP		
TITLE		☐ DELETE	5.1 TIT			☐ Change ☐ Addition
NAME			5.2 NA			
STREET ADDRESS				HEET ADDRESS		
CITY-S1-ZIP TITLE		OELETE		Y-ST-ZIP		Cherry D 4 d 400
NAME		C) OLUTE	6.1 717			Change Addition
· I			6.2 NA			
STREET ADDRESS				REET ADORESS		
CITY-ST-ZIP	sertify that the information supplied with	this filing does not qualify		Y-ST-ZIP	cotion 110 07(0)(). Florida Cotion	1.6 mbl

Indicated on this annual report or supplemental amount report is frue 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, if on an attaching with an address.