

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

4 Composition	MENT # M9413	3			(M. W. Line)		
HOLLIS PROPERTIES, INC.							
Principal Plac	ce of Business	Malling Address				PÍR BUBH BUBH BIBUR	DINGS NICKE COME
217 PEROVIAN AVE. 217 PEROVIAN AVE.							
	PALM BEACH FL 33480 PALM BEACH FL 33480				DO NOT WRITE IN THIS SPACE		
l					3. Date Incorporated or Qualifed		
					08/08/1988		
2. Principal f	Place of Business	2a. Maiting Address			4. FEI Number	<u> </u>	plied For
21 26					65-0068928		t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired		Additional equired
City & Sta	22 - 27				6. Election Campaign Financing		May Be
23		28			Trust Fund Contribution Added to Fees		
Zip	Country	Zip	Country		8. This corporation owes the current year		
24	25	29 3	0		Personal Property Tax.	Yes	□ No
	9. Name and Address of Curret	nt Registered Agent	- 04		18. Name and Address of New Register	ed Agent	
1101	LIC EADI A I		81	Name			
	LLIS, EARL A. I		82	Street	Address (P.O. Box Number is Not Acceptable)		
145 PERUMAN AVENUE, #310 SUITE 211			83	 			
	M BEACH FL 33480			L		1:21 2	
,,,_			84	City	i	EL 85 Zip	Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the							
11. Pursuan	to the provisions of Sections 607.050	02 and 607,1508, Florida Statutes	, the above	e-named	corporation submits this statement for the purpos	of changing its	registered
- AMAA AL	esciptored about ar both in the State	OT FROMOS SIICH CHANNA WAS AUG	ncxizeu by	THE COIDS	corporation submits this statement for the purpos- pration's board of directors. I hereby accept the ap-	of changing its pointment as re	registered egistered
office or agent. I	registered agent, or both, in the State am familiar with, and accept the obliga	of Florida. Such change was audations of, Section 607.0505, Florid	la Statutes	ule corps	SIGNOTIS DOGICI OF GROCOLS, FIRSTEDLY SECOND 270 SI		registered egistered
- AMAA AL	registered agent, or both, in the State am familiar with, and accept the obligation Signeture, typed or printed name of registered age	of Florida, Suich Change was auto- ations of, Section 607.0505, Florid ent and title if applicable. (NOTE: Re	la Statutes	ule corps	squiried when reinstasting) DATE		
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14. 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. CITY-ST-ZIP

8.4 CITY-ST-ZIP

SIGN	IAT	JRE:

STREET ADDRESS

FILED May 11, 1999 8:00 am Secretary of State

05-11-1999 90027 045 ***150.00

CR2E034 (11/98)