


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

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PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # M94133 1. Corporation Name HOLLIS PROPERTIES, INC.					
Principal Place of Business 217 PERUVIAN AVE. PALM BEACH FL 33480			Mailing Address 217 PERUVIAN AVE. PALM BEACH FL 33480		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified 08/08/1988 4. FEI Number 65-0068928 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent HOLLIS, EARL A. I 145 PERUVIAN AVENUE, #310 SUITE 211 PALM BEACH FL 33480			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code		
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.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS TITLE <input type="checkbox"/> DELETE NAME PD HOLLIS, EARL A. JR. STREET ADDRESS 217 PERUVIAN AVE. CITY-ST-ZIP PALM BEACH FL TITLE <input checked="" type="checkbox"/> DELETE NAME S HOLLIS, EARL A. I STREET ADDRESS #4 BENTWOOD RD CITY-ST-ZIP PALM BEACH GARDENS FL TITLE <input type="checkbox"/> DELETE NAME V HOLLIS, EARL A. J STREET ADDRESS 217 PERUVIAN AVENUE CITY-ST-ZIP PALM BEACH FL TITLE <input checked="" type="checkbox"/> DELETE NAME T HOLLIS, EARL A. I STREET ADDRESS #4 BENTWOOD RD CITY-ST-ZIP PALM BEACH GARDENS FL TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.2 NAME Secretary 1.3 STREET ADDRESS Smith, Deanna D. 1.4 CITY-ST-ZIP 5810 Churchill Ct. West Palm Beach, FL 33405 2.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2.2 NAME V 2.3 STREET ADDRESS Miller, Barry 2.4 CITY-ST-ZIP P.O. Box 2175 Palm Beach, FL 33480 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 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 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: *Earl A. Hollis*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/4/99

Daytime Phone #

CR2E034 (1/98)