## 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 #
1. Corporation Name M97963 (6) HILLVIEW PARK, INC. Principal Place of Business Mailing Address 602 TREMONT ST. 602 TREMONT ST. SARASOTA FL 34242 SARASOTA FL 34242 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/01/1988 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0070754 Not Applicable 21 26 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Zip Country Zip 8. This corporation owes or has pald the current year Intangible Personal Property Tax due June 30. Yes Yes 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name JOHNSON, RONALD G. 5053 OCEAN BLVD., SUITE 89 82 Street Address (P.O. Box Number is Not Acceptable) **602 TREMONT STREET** Tremant 63 SARASOTA FL 34242 84 Zip Code By 24 arasot 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 DATE Signature, lyped or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETÉ Change Addition 1.1 TITLE TITLE JOHNSON, RONALD G. NAME 1.2 NAME **602 TREMONT STREET** 1.3 STREET ADDRESS STREET ADDRESS **SARASOTA FL** 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition DVP 2.1 TITLE TITLE HOWARD, FRED 2.2 NAME NAME 89 E. ROBINWOOD 2.3 STREET ADDRESS STREET ADDRESS **DETROIT MI** 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 City+St-ZiP CITY-ST-ZIP DELETE ☐ Change Addition 5.1 TITLE TITLE 5.2 NAME NAME **5.3 STREET ADDRESS** STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

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 of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on the statute of the corporation of the corporation

6.4 CITY-ST-ZIP

Block 12 of Block 15 if Changed, if the California with all address

CITY-ST-ZIP

2-10-98 84-923-7919

**FILED** 

Mar 20 1998 8:00am

Secretary of State