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

P30135

(8)

TAMPA FL 33602-5757

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

KNOB HILL, INC.

TAMPA FL 33602-5757

Suite, Apt. #, etc.

City & State

Ζip

CITY-ST-ZIP

SIGNATURE:

21

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23

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2. Principal Place of Business

Country

25

Principal Place of Business	Mailing Address
1040 ROYAL PASS RD	1040 ROYAL PASS RD

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Name and Address of Current Registered Agent

Charles

8. This corporation owes or has paid the current year Intangible

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Yes

229-1334

Not Applicable

FILED

Jan 15 1998 8:00am

Secretary of State

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/12/1990

23-2556246

5. Certificate of Status Desired

6. Election Campaign Financing

Personal Property Tax due June 30.

10. Name and Address of New Registered Agent

Trust Fund Contribution

	BRIEN, CHARLES J.	ľ	81	Name O'BRIEN, Charl	es J.		
	MOORING CIRCLE	[7	82	Street Address (P.O. Box Number is Not Ac	ceptable)		
j tan	MPA FL 33602	<u> </u>		1040 KOYAL F	PASS Rd.		
		Ι,	83				ĺ
		- 1	84	City -	85	Zip (602
				IAMPA			
office or reagent. I a	to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, egistered agent, or both, in the State of Florida. Such change was aut in familiar with, and accept the obligations of, Section 607.0505, Florid	, the ab horized da Statu	ove-i by t ites.	named corporation submits this statement to he corporation's board of directors. I hereby	ir the purpose of changi i accept the appointmen	ing its nt as i	s registered registered
SIGNATURE							
	<u> </u>		Agent	signature required when reinstating)	DATE		
12.	OFFICERS AND DIRECTORS	13.		ADDITIONS/CHANGES TO			
TITLE	PD DELETE	1.1 TITL	-		Cha	.nge	Addition
NAME	O'BRIEN, CHARLES J.	1.2 NAN	Æ				
STREET ADDRESS	1040 ROYAL PASS RD	1.3 STR	EET A	DORESS			Į
CITY-ST-ZIP	TAMPA FL 33602-5757	1,4 CIT	r-st-	ZIP			
TITLE	DELETE	2,1 TITL	.E		☐ Cha	nge	Addition
NAME		2.2 NAN	Æ]
STREET ADDRESS		2.3 STR	EET AL	DORESS			Ì
CITY-ST-ZIP		2, 4 CIT	Y-ST-	- ZiP			
TITLE	☐ DELETE	3.1 TITL	E		☐ Cha	nge	Addition
NAME	<u> </u>	3.2 NAN	Æ				1
STREET ADDRESS		3.3 STR	EET AE	DORESS			ĺ
CITY-ST-ZIP		3.4. CIT	Y-\$T-	-ZIP			
TITLE	☐ DELETE	4.1 TITL	E		☐ Cha	nge	☐ Addition
NAME		4. 2 NAI	ME				
STREET ADDRESS		4.3 STR	EET AE	ODRESS			
CITY-ST-ZIP		4.4 ÇIT)	/-ST-	ZIP			
TITLE	☐ DELETE	5.1 TITL	E		□ Cha	nge	Addition
NAME		5.2 NAN	1E				
STREET ADDRESS		5.3 STR	EET AD	DDRESS }			}
CITY-ST-ZIP		5.4 CITY		[
TITLE	☐ DELETE	6.1 TITL			☐ Cha	nge	Addition
NAME		6.2 NAM	1E				
STREET ADDRESS		6.3 STRI	EET AD	DORESS			-

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)(1), 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.

Country

81 Name

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