

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

FILED

May 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P40752** (8)
1. Corporation Name
HILLSBOROUGH RIVER REALTY CORP.



Principal Place of Business C/O GORDON J. SCHIFF, ESQ 111 MADISON ST #2300 TAMPA FL 33602 US	Mailing Address C/O GORDON J. SCHIFF, ESQ 111 MADISON ST., STE. 2300 TAMPA FL 33602 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 C/o Gordon J. Schiff, Esq Suite, Apt. #, etc. 400 N. Tampa St., #2300 City & State Tampa, FL Zip 33602 Country US		2a. Mailing Address 26 C/o Gordon J. Schiff, Esq Suite, Apt. #, etc. 400 N. Tampa St., #2300 City & State Tampa, FL Zip 33602 Country US		3. Date Incorporated or Qualified 09/23/1992	
		4. FEI Number 59-2376201		Applied For Not Applicable	
		5. Certificate of Status Desired ☒		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No			

9. Name and Address of Current Registered Agent NUCCIO, VINCENT L JR. 111 MADISON ST. SUITE 2300 TAMPA FL 33602				10. Name and Address of New Registered Agent 81 Name GORDON J. SCHIFF, ESQ. 82 Street Address (P.O. Box Number is Not Acceptable) 400 N. Tampa St., #2300 83 84 City Tampa FL 85 Zip Code 33602			
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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 *Gordon J. Schiff* DATE **4/27/98**
Signature, typed or printed name of registered agent and title (if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PDS	☐ DELETE		1.1 TITLE	☐ Change ☐ Addition		
NAME	AYLON, JOHN J.			1.2 NAME			
STREET ADDRESS	200 MEETING STREET, SUITE 405			1.3 STREET ADDRESS			
CITY-ST-ZIP	CHARLESTON SC			1.4 CITY-ST-ZIP			
TITLE	VDT	☐ DELETE		2.1 TITLE	☐ Change ☐ Addition		
NAME	PALMER, STEPHEN, JR.			2.2 NAME			
STREET ADDRESS	745 BOYLSTON STREET, SUITE 203			2.3 STREET ADDRESS			
CITY-ST-ZIP	BOSTON MA			2.4 CITY-ST-ZIP			
TITLE	AS	☐ DELETE		3.1 TITLE	☒ Change ☐ Addition		
NAME	SCHIFF, GORDON J			3.2 NAME	Gordon J. Schiff		
STREET ADDRESS	111 MADISON ST #2300			3.3 STREET ADDRESS	400 N. Tampa St., #2300		
CITY-ST-ZIP	TAMPA FL 33602			3.4 CITY-ST-ZIP	Tampa, FL 33602		
TITLE		☐ DELETE		4.1 TITLE	☐ Change ☐ Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		☐ DELETE		5.1 TITLE	☐ Change ☐ Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		☐ DELETE		6.1 TITLE	☐ Change ☐ Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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

SIGNATURE: *Gordon J. Schiff* DATE **4/27/98** (813)273-4344
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0369506

CR2E034 (10/97)