

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morthant
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P92000006247 (0)**

1. Corporation Name

NORTH HILLS PRODUCTION CO.



Principal Place of Business

**840 N.W. 72ND TERRACE
PLANTATION FL 33317**

Mailing Address

**840 N.W. 72ND TERRACE
PLANTATION FL 33317**

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**ALVESHIRE SEAN C
840 NW 72 TERRACE
PLANTATION FL 33317**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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

Signature of Registered Agent (Required if the Registered Agent is not the Secretary of State)

Signature of Registered Agent (Required if the Registered Agent is not the Secretary of State)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1 NAME	P	☐ DELETE
12.2 STREET ADDRESS	ALVESHIRE, SEAN C	
12.3 CITY, ST, ZIP	840 NW 72 TERRACE	
12.4 TITLE	PLANTATION FL	☐ DELETE
12.5 NAME		
12.6 STREET ADDRESS		
12.7 CITY, ST, ZIP		
12.8 TITLE		☐ DELETE
12.9 NAME		
12.10 STREET ADDRESS		
12.11 CITY, ST, ZIP		
12.12 TITLE		☐ DELETE
12.13 NAME		
12.14 STREET ADDRESS		
12.15 CITY, ST, ZIP		
12.16 TITLE		☐ DELETE
12.17 NAME		
12.18 STREET ADDRESS		
12.19 CITY, ST, ZIP		
12.20 TITLE		☐ DELETE

13.1 TITLE	☐ Change ☐ Addition
13.2 NAME	
13.3 STREET ADDRESS	
13.4 CITY, ST, ZIP	
13.5 TITLE	☐ Change ☐ Addition
13.6 NAME	
13.7 STREET ADDRESS	
13.8 CITY, ST, ZIP	
13.9 TITLE	☐ Change ☐ Addition
13.10 NAME	
13.11 STREET ADDRESS	
13.12 CITY, ST, ZIP	
13.13 TITLE	☐ Change ☐ Addition
13.14 NAME	
13.15 STREET ADDRESS	
13.16 CITY, ST, ZIP	
13.17 TITLE	☐ Change ☐ Addition
13.18 NAME	
13.19 STREET ADDRESS	
13.20 CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

W. ALVESHIRE

1/31/96

Date

Daytime Phone #

CR2E034 (12/95)