## 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 ERIN K HILL, INC.

P93000043548 (5)

## FILED Apr 17 1998 8:00am Secretary of State



				I INDICATE AND	<b>2</b>    <b>2  </b>
Principal Place of Business	Mailing Address				
3540 SW 15 ST 3540 SW 15 ST					
FY. LAUDERDALE FL 33312	FT. LAUDERDALE FL 33	FT. LAUDERDALE FL 33312		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
				06/14/1993	Ì
2. Principal Place of Business	2e. Mailing Address			4. FEI Number	Applied For
21	26			65-0430708	Not Applicable
Suite, Apt. #, etc.	Suite, Apt #, etc.			5. Certificate of Status Desired	\$8.75 Additional
22	27		·	5. Certificate of Status Desired	Fee Required
City & State	City & State			6. Election Campaign Financing	\$5.00 May Be
23	28			Trust Fund Contribution	Added to Fees
Zip Country	<del>  - </del> 1	Zip Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes No	
24 25 A Name and Address	29   s of Current Registered Agent	30		Personal Property Tax due June 30.  10. Name and Address of New Register	
HILL, ERIN K	a or content registered Agent	81	Name	10, really gree Address of Note Hogister	- Agein
3540 <b>SW</b> 15 ST			<u> </u>		
FT. LAUDERDALE FL 33312		82	Street Add	fress (P.O. Box Number is Not Acceptable)	1
P P D IDDENDAGE PE 300	,	83			
		<u> </u>			
		84	City	F	85 Zip Code
11. Pursuant to the provisions of Section	ons 607,0502 and 607,1508, Florida Statu	ites, the abov	e-named cor	poration submits this statement for the purpos	e of changing its registered
office or registered agent, or both, agent, I am familiar with, and acce	in the State of Florida. Such change was pt the obligations of, Section 607,0505, F	authorized b Iorida Statute	y the corpora is:	poration submits this statement for the purposition's board of directors. I hereby accept the	appointment as registered
SIGNATURE	,				
Signatura, typed or printed name of			ont signature requ	ired when reinstating) DAT	·
	FICERS AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	
MU FOULV	DELETE	1.1 TITLE			Change Addition
MEAN OUL AT OT		1.2 NAME			i i
ET INIDEDDALE	1 33312		T ADDRESS		[ ]
TITLE	DELETE	1.4 CITY -: 2.1 TITLE	51-ZIP		Change Addition
NAME		2.2 NAME			
STREET ADDRESS			T ADDRESS		
CITY-ST-ZIP		2.4 CITY-			
TITLE	DELETE	3.1 TITLE	97		Change Addition
NAME		3.2 NAME			
STREET ADDRESS		3.3 STREE	T ADDRESS		
CITY-ST-ZIP		3.4. CITY	ST-ZIP		
TITLE	☐ DELETE	4.1 TITLE			Change Addition
NAME		4. 2 NAME			
STREET ADDRESS		4.3 STREE	T ADDRESS		
CITY-ST-ZIP		4.4 City-	ST-ZIP		
TITLE	☐ DELETE	5.1 TITLE			Change Addition
NAME		5.2 NAME	1		
STREET ADDRESS			T ADDRESS		
CITY-ST-ZIP	T perest	5.4 CITY-1	ST-ZIP		Ohanon Addis
TITLE	☐ DELETE	61 TITLE			Change Addition
NAME		6.2 NAME	- 1		
STREET ADDRESS			T ADDRESS		•
CITY-ST-ZIP		6.4 CITY-	ST-ZIP		

4. Thereby 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.

OLOMATURE

South K Will- Ewn Klill

AND 12 1998 954587034

CR2E034 (10/97)