PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999 DOCUMENT # P93000043548

1. Corporation Name ERIN K HILL, INC.

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90159 049 ***150.00



			Mailing Address					I alok IIIti Adtir Bārri nastr a	5111 61666 11161 5 111	4 (46) (6) (46)
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3540 SW 15 ST FT. LAUDERDALE FL 33312		3540 SW 15 ST FT. LAUDERDALE FL 33312			DO NOT WRITE IN THIS SPACE					
							3. Date Incorporate 06/14/1993	ed or Qualifed		
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number		I	prilied For		
21			26			65-0430708			lot Applicable	
Suite, Act. #, etc.			Suite, Apt. #, etc.				tue Decised	\$8.75	A iditional	
22			27			5. Certifcate of Sta	tus Desired	Fee R	tequired	
City & State			City & State			6. Election Campa	ign Financing	\$5.00	May Be	
23			28			Trust Fund Contribution Added to Fees				
Zip Cour try			Zip Country			8. This corporation	owes the current yea	r ntangible		
24	25		29	30			Persor al Prope	ty Tax.	☐ Yes	No
		ress of Current	Registered Agent				10. Name and Add	ress of New Registe	red Agent	
					81	Name				
HILL, ERIN K					00	Ctroot A	fress (P.O. Box Number	is Not Acceptable)		
3540 SW 15 ST					82	Street At 0	iress (P.O. Box Number	is Not Acceptable)		
FT. LAUDERDALE FL 33312					83					,
			84		84	City			85 Zip	Code
						•			FLII	
l office cen	onictored agent, or bo	vh in the State ∩	and 607.1508, Florida Sta f Florida. Such change wa ons of, Section 607.0505,	s autoorzei	מו עם ם	ne corpora t	ion's board of cirectors.	I hereby accept the a	prointment as i	eg stered
SIGNATURE	Signature, typed or printed no	ne of registered agent	and title if applicable (N	OT:: Registered	d Agent s	signature requir	red when reinstating)	DATI		
12.		OFFICERS AND		13.			ADDITIONS/CHA	NGES TO OFFICERS		
TITLE	D		☐ DELETE	1.1 Ti	ITLE	-			Change	☐ Addition
NAME	HILL, ERIN K			12 N	AME					
STREET ADDRE 3S				1.3 S	TREETA	DDRESS				
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TITLE			☐ DELETE	2.1 T	ITLE				Change	Addition
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NAME				3.2 N	AME	-				
STREET ADDRESS	-			3.3 S	TREETA	DDRESS .				
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CITY-ST-ZIP	}			640	TY-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 or rifly 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 13 if chapters, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/99 954-581-0534

Daytime Phone

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