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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

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

04-26-1999 90189 046 \*\*\*150.00

| DOCUMENT # PO | 4000000514 |
|---------------|------------|

HILL/NARDONE INC.

| MILL/IN/A   | HUUNE, INC.                                       |  |                                   |  |                                    |
|---|---|--|-----------------------------------|--|------------------------------------|
| Principal Plac  | e of Business                                     | Mailing Address                            |                                   | ,                |                                    |
| 320 5TH STREE<br>KEY COLONY I<br>US   | et<br>Beach fl 33051                              | P.O. BOX 522347<br>MARATHON FL 33052<br>US |                                   | DO NOT WRITE IN TH                                     | IIS SPACE                          |
|   |   |  |                                   | 12/27/1993   |                                    |
| Principal Place of Business     Za. Mailing Address   |   |  | 4. FEI Number                     | App ied For  |                                    |
| 21 26   |   |  | 65-0457989                        | Not Applicable   |                                    |
| Suite, Apt.   | #, etc.   | Suite, Apt. #, etc.                        |                                   | 5. Certificate of Status Desired                       | \$8.75 At ditional<br>Fee Required |
| City & Stat   | te  | City & State                               |                                   | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be<br>Added to Fees     |
| Zip   | Country   | Zip  | Country                           | 8. This corporation owes the current year              |                                    |
| 24  | 25  | 29 30                                      | י<br>ו                            | Personal Property Tax.                                 | ☐ Yes [ ] No                       |
| 24  | 9. Name and Address of Curre                      |  |                                   | 10. Name and Address of New Register                   | ed Agent                           |
|   |   |  | 81 Name                           | otley, April   |                                    |
|   | CH, KATHLEEN                                      |  | 82 Street Addr                    | ress (P.O. Box Number is Not Acceptable)               |                                    |
| % CREST TITLE COMPANY   |   | 8  | Crest Title Company               |  |                                    |
| 9585 OVERSEAS HWY. 83   |   |  | 05 0                              |  |                                    |
| MARATHON FL 33050 9.5.8   |   | 85 Overseas Hwy.                           | 85 Zip Code                       |  |                                    |
|   |   |  | l Ma                              |  | <b>L</b> 33050                     |
| 11. Pursuant to the provisions of Sc ctions 607.0502 and 607.1508, Florida Statules, 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 clirectors. I hereby accept the approintment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Fyrida Statutes. |   |  |                                   |  |                                    |
| SIGNATUFE   | April Motley                                      | San'l'                                     | W/MUED                            | 1121   | 199                                |
| 12.   | Signature, typed or printed name of registered at | gent and title if applicable (NOT a: Re    | egistered Agent signature require | ADDITIONS/CHANGES TO OFFICERS                          | AND DIRECTORS IN 12                |
| TITLE   | D   | DELETE                                     | 1.1 TITLE                         | 7.001111110000111111000010                             | Change Addition                    |
| NAME  | HILL, P. MORGAN                                   |  | 1.2 NAME                          |  |                                    |
| STREET ADDRESS  | LANG VIEW COLUMNIA DON'T                          |  | 1.3 STREET ADDRESS                |  |                                    |
| CITY-ST-ZIP   | MARATHON FL 33050                                 |  | 1.4 CITY-ST-ZIP                   |  |                                    |
| TITLE   | D   | DELETE                                     | 2.1 TITLE                         |  | ☐ Change ☐ Addition                |
| NAME  | NARDONE, PAULA R                                  |  | 2.2 NAME                          |  |                                    |
| STREET ADDRESS  | ***   |  | 2.3 STREET ADDRESS                |  |                                    |
| CITY-ST-ZIP   | KEY COLONY BEACH FL                               |  | 2 4 CITY-ST-ZIP                   |  |                                    |
| TITLE   |   | ☐ DELETE                                   | 3.1 TITLE                         | •  | ☐ Change ☐ Addition                |
| NAME  |   |  | 3.2 NAME                          |  |                                    |
| STREET ADDRESS  |   |  | 3.3 STREET ADDRESS                |  |                                    |
| CITY-ST-ZIP   |   |  | 3.4. CITY-ST-ZIP                  |  |                                    |
| TITLE   |   | ☐ DELETE                                   | 4.1 TITLE                         |  | ☐ Change ☐ Addition                |
| NAME  | 1   |  | 4. 2 NAME                         |  |                                    |
| STREET ADDRESS  | 3   |  | 4.3 STREET ADDRESS                |  |                                    |
| CITY-ST-ZIP   |   | □ priette                                  | 4.4 CITY-ST-ZIP                   |  | Change Addition                    |
| TITLE   |   | ☐ DELETE                                   | 5.1 TITLE<br>5.2 NAME             |  |                                    |
| NAME  | 1   |  | O'E (AAUL                         |  |                                    |

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 indica ed on this annual report or supplemental annual report is true and accurate and that my signa ure shall have the same legal effect as if made under oath; that I am an officer or director of the copporation or the receiver empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if anange 1, or on an attachment with an address, with all other like empowered

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

DELETE

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNA URE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/99

305 - 743-93 93

☐ Change

Addition

CR2E034 (11/98)