

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000000665 (7)**

1. Corporate Name
WILLIAM K. HILL, P.A.



Principal Place of Business
**200 SOUTH BISCAYNE BLVD.
SUITE 4000
MIAMI FL 33131-2398**

Mailing Address
**200 SOUTH BISCAYNE BLVD.
SUITE 4000
MIAMI FL 33131-2398**

21	2. Principal Place of Business State, Apt. #, etc.	26	2a. Mailing Address State, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country

9. Name and Address of Current Registered Agent

**HILL, WILLIAM K
200 S. BISCAYNE BLVD.
SUITE 4000
MIAMI FL 33131-2398**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	City
84	City
85	Zip Code

3.	Date Incorporated or Qualified	3a.	Date of Last Report
	01/01/1994		04/13/1995
4.	FEL Number		Applied For Not Applicable
	65-0463708		
5.	Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
10.	Name and Address of New Registered Agent		

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 _____ DATE _____
Signature typed or printed in Block 12 or Block 13. (Type in Block 12 or Block 13.)

12. OFFICERS AND DIRECTORS

1	NAME	D HILL, WILLIAM K	<input type="checkbox"/> DELETE
2	STREET ADDRESS	200 S. BISCAYNE BLVD., SUITE 4000	
3	CITY-STATE-ZIP	MIAMI FL 33131-2398	
4	TITLE		<input type="checkbox"/> DELETE
5	NAME		
6	STREET ADDRESS		
7	CITY-STATE-ZIP		
8	TITLE		<input type="checkbox"/> DELETE
9	NAME		
10	STREET ADDRESS		
11	CITY-STATE-ZIP		
12	TITLE		<input type="checkbox"/> DELETE
13	NAME		
14	STREET ADDRESS		
15	CITY-STATE-ZIP		
16	TITLE		<input type="checkbox"/> DELETE
17	NAME		
18	STREET ADDRESS		
19	CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2	STREET ADDRESS	
3	CITY-STATE-ZIP	
4	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5	NAME	
6	STREET ADDRESS	
7	CITY-STATE-ZIP	
8	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
9	NAME	
10	STREET ADDRESS	
11	CITY-STATE-ZIP	
12	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13	NAME	
14	STREET ADDRESS	
15	CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 and my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/96 (305)577-2823

CR2E034 (12/95)