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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P94000041415 (8)

SANFORD HILL INCORPORATED

## **FILED** Apr 22 1997 8:00am Secretary of State



Principal Pla	ce of Business	Mailing Address				) (22)(00) (10 16))) BYEN STEIN BEIN BEIN BEIN BEIN EIDEN TIDN GIBEN NEGN SIM 102)			
7770 W. OAK Sunpise Fl	(LAND PARK BLVD., STE, 303 33351	7770 W. OAKLAND SUNRISE FL 33351		TE. S	103				
						3. Date incorporated or Qualified 06/02/1994		te of Last F )1/1996	Report
<b></b>	Place of Business	2a. Mailing Addres	S			4. FEI Number			pplied For
21		26			65-0500618 Not Applicab  \$8.75 Additional				
Suite, Apt	t #, etc	Suite, Apt. #, e	lc.			5. Certificate of Status Desired			Additional equired
Cily & Sta	nte	City & State				6. Election Campaign Financing			<del></del>
23		28				Trust Fund Contribution	g \$5.00 May Be  Addied to Fees		
Ζip	Country	Zip	Cou	ntry		8. This corporation has liability for	intangible		
24	25	29	30				Yes [		
	9. Name and Address of Curi	ent Registered Agent		241		10. Name and Address of New Ro	gistered A	gent	
	FFER, HENRY	ATT 444		81	Name				
7770 W. OAKLAND PARK BLVD., STE. 303 SUNRISE FL 33351				B2	Street Addr	t Address (P.O. Box Number is Not Acceptable)			
30	MINIOL PL 3000 F			83					
				84	City			<b>85</b> Zip	Code
				•	City		FL	100	COUB
agent. I SIGNATURE.	am familiar with, and accept the ob		•			ed when re-instating)	DATE		
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFI			
TITLE	D	☐ DELE	TE 1.1 TIT	ΙLE				∐ Change	Addition
NAME	HILL, SANFORD	IIT 000	1.2 NA	ME					
STREET ADDRESS	5820 N.W. 17TH PLACE, UN SUNRISE FL 33313	III 308			ADDRESS				
CITY-ST-20F	SUMMISE FE 33313	☐ DELE	1.4 CF		T-ZiP			Change	Addition
NAME			2.2 NA		1		·	Orderige	
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP					IT-ZIP				
TITLE		DELE				· · · · · · · · · · · · · · · · · · ·	<del></del>	Change	Addition
NAME			32 NA	ME		•			
STREET ADDRESS	5		3357	HEET	ADDRESS				
CITY - ST - 7IP			3.4. CI	ITY - S	T-ZIP				
TITLE		☐ DELE	1					L. Change	Additio
NAME			4. 2 N						
STREET ADDRESS			4.3 ST		ADDRESS				
COLY-S1-ZIP TITLE		DELE			1-211			Change	Additio
NAME		_ 5000	5.2 NA						
STREET ADDRESS			1		ADDRESS				
City-St-ZIP			5.4 00		\ \				
TALE		DELE						Change	Additio
NAME			6.2 NA	ME					
STREET ADDRESS			6.3 ST	AEET	ADDRESS				
CHTY - ST - ZIP			6.4 CF	TY-S	r-zip				
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I do 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 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