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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Feb 20 1997 8:00am

Secretary of State

Change

Addition

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P94000064819 (3)**

HILE HOLDINGS, INC.

TITLE

NAME

STREET ADDRESS

SIGNATURE:

Principal Place of Business Mailing Address 400 FOFTJ AVENUE \$. 400 FIFTH AVENUE \$						
#300		#300				
NAPLES FL 33940 US		Naples FL 34102-6550 Us		3. Date Incorporated or Qualified 3a. Date of Last Report 08/29/1994 02/14/1996		ort
2. Principal f	Place of Business	2a. Mailing Address		4. FEI Number		lied For
21 4001	Tamiami Tr. N.	26 4001 Tamia	mi Tr. N.	65-0520564		Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 22 Suite 265 27 Suite 265				5. Certificate of Status Desired	S8.75 Ad	I
City & State City & State				6. Election Campaign Financing	\$5.00 M	lay Be
	es, FL	28 Naples, FI	L	Trust Fund Contribution	Added to	Fees
Zφ	Country	Zip	Country	8. This corporation has liability for in		.99.032,
24 3410	3 25 USA 9. Name and Address of Curre		USA		Yes No	
450		ent Hegistered Agent	81 Name	10. Name and Address of New Rec	istered Agent	
	BURN, JAMES		Eu	ro-American Consul		
5121 CASTELLO DR.				dress (P.O. Box Number is Not Acceptable		
#2	N EC EL 99040		83	001 Tamiami Trail N	lorth	
NAF	PLES FL 33940			ite 265		
			84 City	_	FL 85 Zip Co	
11 Pursuant	Lto the name were at Sections 607 OF	502 and 607 1508. Florida Statutes		iples rporation submits this statement for the pi	·	
office or	registered agent, or both, in the State	te of Florida. Such change was au	thorized by the coroors	ation's board of directors. I hereby accep	t the appointment as re	gistered
	am familiar with, and accopt the obli			thaut, President	oliulao	f
SIGNATURE	Step in weighted or product region of registered a		Registered Agent signature requ	ired when reinstation)	DATE	
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS	IN 12
TITLE	PSTD	DELETE	1.1 TITLE		Change	Addition
NAME	GROSSMAN, RUDOLF		1.2 NAME			
STREET ACORESS			1.3 STREET ADDRESS			
C-11 - S1 - 24P	MARCO ISLAND FL 33937		1.4 CITY-ST-ZIP)
TITLE		DELETE	2.1 TITLE		☐ Change	Addition
NAME:			2.2 NAME			
STREET ADDRESS.			2.3 STREET ADDRESS			ļ
City - St - 719			2. 4 CITY-ST-ZIP			
3.111		DELETE	3 1 TITLE		Change	Addition
NAMI			3 2 NAME			l
STREET ACORES:			3.3 STREET ADDRESS			
CITY - \$1 - ZP		The proper	3 4. CiTY - ST - ZiP			1 dedition
Milet		DELETE	4 1 TITLE		L Change	Addition (
NAME			4. 2 NAME			}
STREET ADDRESS			4.3 STREET ADDRESS			
CITY - \$1 - ZiF		DELETE	4.4 CiTY - ST - ZIP		☐ Change	Addition
HILE		T DETEIR	5.1 TITLE		Cusuge	- Addition
NAME.			5.2 NAME			1
STREET ADDRESS			5.3 STREET ADDRESS			
Cats . 97, 7(5)			5.4 City, St. Zip			I

DELETE

61 TITLE

62 NAME

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 14. If do hereby certify that the information supplied with this fing 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 of the receiver of 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 phanged/or on an attrofyment/with an address.