## SECOND NOTICE; CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT** CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT #

1. Corporation Name P94000077764 (6)

HILL TOP CLUB, INC.

Suite, Apt. #, etc.

Principal Place of Business	Mailing Address	
12165 S.W. 131ST AVE.	12165 S.W. 131ST AVE.	
MIAMI FL 33186	MIAMI FL 33186	
2. Principal Place of Business	2a. Mailing Address	
2. Principal Flace of Dusilless	an trianing Address	

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Suite, Apt. #, etc.

## **FILED** Jul 15 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

 $oldsymbol{\square}$ 

Applied For

\$8.75 Additional

Fee Required

Not Applicable

3. Date Incorporated or Qualified

5. Certificate of Status Desired

10/24/1994 4. FEI Number

65-0541399

City & State				City & State				8. Election Campaign Financing \$5.00 May Be			
23			28	28				Trust Fund Contribution Added to Fees			
Zip		Country		Zip	Cou	intry		8. This corporation owes or has paid the current year intangible			
24		25	29		30			Personal Property Tax due June 30.			
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent					
ROSS, ERROL 12165 S.W. 131ST AVE. MIAMI FL 33186						81	Name				
						82	Street Addres	ss (P.O. Box Number is Not Acceptable)			
						` ` .					
						83					
						84	City	85 Zip Code			
						"	Ony	FL   53   25 Code			
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, if am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.											
SIGNATURE											
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when relinatating) DATE											
12.					13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12						
TITLE	_				1.1 TITLE		Change Addition				
110401 011100				1.2 N	1.2 NAME						
***************************************					1.3 \$	1.3 STREET ADDRESS					
CITY-ST-ZIP	MIAMI FL 33186					TY-ST-	ZIP				
TITLE	DELETE			21 TI	TLE		Change Addition				
NAME				2.2 N	2.2 NAME						
STREET ADDRESS . 23				2.3 S	2.3 STREET ADDRESS						
CITY-ST-ZIP					2.4 C	TY-ST-	ZIP				
TITLE	DELETE				3.1 TI	3.1 TITLE		Change Addition			
NAME					3.2 N	AME					
STREET ADDRESS					3.3 S	REET	ADDRESS				
CITY-ST-ZIP					3.4 C	TY-ST-	ZIP				
TITLE	<u></u> -			DELETE	4.1 TI	TLE		Change Addition			
NAME					4.2 N	AME					
STREET ADDRESS					4.3 S	REET	ADDRESS				
CITY-ST-ZIP					4.4 C	TY-ST-	ZIP				
TITLE				DELETE	5.1 TI	TLE		Change Addition			
NAME					5.2 N	AME					
STREET ADDRESS					5.3 S1	REET	ADDRESS				
CITY-ST-ZIP					5.4 C	TY-ST-	ZIP				
TITLE				DELETE	6.1 T	TLE		Change Addition			
NAME					6.2 N	AME		·			
STREET ADDRESS					6.3 S1	REET	ADDRESS				
CITY-ST-ZIP	_				6.4 C	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 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 appears in Block 12 or Block 13 If changed, or on an attachment with an address.

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