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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000077764

1. Corporation Name HILL TOP CLUB INC

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90251 001 ***158.75

THELE IS	OF CLUB, INC.)			
						((484) 484 (484) 4141 4141 4141	CI MMERIC MARICE SE	######################################	CAR BASA ESCI SOCI
Oringinal Pla	ce of Business	Mailing Address					# 88 ## 88 ##	1881 (888) (8	65 5 6 5555 6565 1865
		Mailing Address 12165 S.W. 131ST AVE.				\			
12165 S.W. 131ST AVE. 12165 S.W. 131ST AVE. MIAMI FL 33186 MIAMI FL 33186									
						DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed			
						10/24/1994			
2. Principal I	Place of Business	2a. Mailing Address				4. FEI Number			Applied For
21		26				65-0541399			Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired			Additional
22		27							Required
City & Sta	2 · · ·	City & State				6. Election Campaign Financing			O May Be
Zip	Country	Zip	Cour	nte.		Trust Fund Contribution			d to Fees
, '	[25]			riu y		8. This corporation owes the curre	nt year Inta	ingible . Yes	□No
24	9. Name and Address of Current		30			Personal Property Tax. 10. Name and Address of New R	anistered A		
				81	Name	TO. Hallie dija Abaresa or Helf It	ogistorou /	gent	
ROS	SS, ERROL		ļ						
12165 S.W. 131ST AVE.			į	82	Street Addr	ess (P.O. Box Number is Not Accepta	ołe)		}
Mia	MI FL 33186		}	83					
			_{						
			{	84	City		FŁ	85 Zi	p Code
11 Pursuant	t to the provisions of Sections 607.0502	2 and 607 1508 Florida Statute	s the at	2006-	named corp	oration submits this statement for the		hanging.	its registered
office or	registered agent, or both, in the State of	of Florida. Such change was au	thorized	by th	he corporation	on's board of directors. I hereby accep	the appoin	tment as	registered
agent. ra	am familiar with, and accept the obligat	ions of, Section 607.0505, Fron	da Statu	ites.					}
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: I	Secistered .	Agent	signature required	d when reinstating)	DATE .		
12.	OFFICERS ANI		13.			ADDITIONS/CHANGES TO OFF		DIRECT	ORS IN 12
TITLE	D	☐ DELETE	1.1 117	LE.				Change	
NAME	ROSS, ERROL		1.2 NA	ME	{				}
STREET ADDRESS	12165 S.W. 131ST AVE.		1.3 Sπ	REETA	ADDRESS				{
CITY-ST-ZIP	MIAMI FL 33186		1.4 CIT	Y-\$1-	ZiP }				. }
TITLE		DELETE	2.1 117	LE				Change	Addition
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TITLE							•		
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TITLE			-3.2 NA/	ME -	DORESS		· - · · ·	Change	Addition
		☐ DELETE	3.3 STF	ME REET A TY-ST-	DORESS			Change	
NAME			3.2 NAI 3.3 STF 3.4. CIT	ME REET A TY-ST- LE	DORESS				
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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, with all other like empowered.

SIGNATURE: