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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

FILED  
Mar 13 1996 8:00 am  
Secretary of State

DOCUMENT # P94000090956 (1)

1. Corporation Name

HILLSBOROUGH HOLDINGS, INC.



Principal Place of Business

6202 BENJAMIN ROAD, STE. 100  
TAMPA FL 34683-1314

Mailing Address

6202 BENJAMIN ROAD, STE. 100  
TAMPA FL 34683-1314

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ALLWEISS, MICHAEL D  
4020 PARK STREET NORTH, STE. 200  
ST. PETERSBURG FL 33709

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

(Signature, typed or printed name of registered agent and date if applicable)

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DC  
NAME PORCELLI, PETER J. JR.  
STREET ADDRESS 6202 BENJAMIN RD. SUITE 100  
CITY-STATE-ZIP TAMPA FL 33634

1.1 TITLE P  
1.2 NAME Peter J. Porcelli, Jr.  
1.3 STREET ADDRESS 6202 Benjamin RD, Suite 100  
1.4 CITY-STATE-ZIP Tampa, FL 33634

TITLE PD  
NAME KILICHOWSKI, WILLIAM S.  
STREET ADDRESS 6202 BENJAMIN RD., SUITE 100  
CITY-STATE-ZIP TAMPA FL 33634

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-STATE-ZIP

TITLE T  
NAME JAMES, MICHELE A.  
STREET ADDRESS 6202 BENJAMIN RD. SUITE 100  
CITY-STATE-ZIP TAMPA FL 33634

3.1 TITLE ST  
3.2 NAME Michele Walford  
3.3 STREET ADDRESS 6202 Benjamin RD, Suite 100  
3.4 CITY-STATE-ZIP Tampa, FL 33634

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Michele Walford

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/05/96

Date

(813) 887-1800

Daytime Phone #

CR2E034 (12/95)

3-13-96