

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000002249 (7)

1. Corporation Name

HILTON ADVERTISING, INC.



Principal Place of Business

**#3 SANTA ROSA BUSINESS CENTER
SANTA ROSA BEACH FL 32459**

Mailing Address

**P.O. BOX 1935
SANTA ROSA BEACH FL 32459**

3. Date Incorporated or Qualified

01/06/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 **SANTA ROSA BUSINESS CTR**

26 **P.O. BOX 1935**

4. FEI Number

59-3296999

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **#3**

27

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

City & State

City & State

23 **SANTA ROSA BCH, FL**

28 **SANTA ROSA BCH, FL**

6. Election Campaign Financing
Trust Fund Contribution

**\$5.00 May Be
Added to Fees**

Zip

Country

Zip

Country

24 **32459**

25 **USA**

29 **32459**

30 **USA**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HAAS, KENNETH
1098 OLD HWY. 98
#1208
DESTIN FL 32541**

81 Name

HAAS, KENNETH

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

62 KENSINGTON LANE

83

84 City

DESTIN

FL

85 Zip Code

32541

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 if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☒ Addition

12 NAME

STCD

13 STREET ADDRESS

HAAS, KENNETH

14 CITY - ST - ZIP

62 KENSINGTON LANE

2. TITLE

22 NAME

PD

23 STREET ADDRESS

SMITH, DAVID

24 CITY - ST - ZIP

336 - D STEBERT AVE.

3. TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

4. TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

5. TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

6. TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/96

904-267-1331

CR2E034 (12/95)