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

PROFIT CORPORATION ANNUAL REPORT

1997



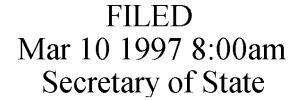
FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000057737 (5)

HILTON L. JOHNSON, INC.





Principal Place of Business Mailing Address					I BODINGO NA COLO BOU DER EDU ADOL BOU EN HALL INDE RUM LAN LAN LAN LAN			
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8001-27 ARGYLE FOREST BLVD SUITE 72 JACKSONVILLE FL 32244 8001-27 ARGYLE FOREST BLVD SUITE 72 JACKSONVILLE FL 32244-8638								
THE STATE OF THE PROPERTY OF T					3. Date Incorporated or Qualified 07/26/1995	od 3a. Date of Last Report 01/30/1996		
2. Princ-pati	Place of Business	2a. Mailing Address			4. FEI Number		Applied For	
1		26					Not Applicable	
Suite Apt. #, etc.		Suite, Apt #, etc			5. Certificate of Status Desired Fee Required			
Orty & Sta	ate:	City & State			Election Campaign Financing Trust Fund Contribution		May Be d to Fees	
Ζρ	Country	Zip	Counti	У	8. This corporation has flability for in		r s. 199.032,	
4	25	29	30			Yes X No		
	9. Name and Address of Curr				10. Name and Address of New Reg	gistered Agent		
	HE LAW FIRM OF LAWRENCE .	I SPIEGEL CHRTD	8.	81 Name				
343 ALMERIA AVENUE Coral gables FL 33134				82 Street Address (P.O. Box Number is Not Acceptable)				
			8:	3				
			8	4 City		FL 85 Z	p Code	
SIGNATURE 12.		ND DIRECTORS	VOTE: Registered A	gent signature requi	red when reinstating) ADDITIONS/CHANGES TO OFFIC			
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CITY-S1-7IP	JACKSONVILLE FL 32244		1.4 CITY					
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NAME	JOHNSON, BETTY J	DD LINET 400	2.2 NAMI					
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00Y \$1-72 14 Lelectron	A control has the information supp	liad with this filing does not or		- \$T-ZIP	d in Section 119 07(3\(i) Florida Statute	s. I further certify to	nat the	

I do 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 cytricate 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 an attachment with an address.

SIGNATURE:

VATURE AND 1 YPED OR PRINTED NAME OF SKING OFFICER OR DIRECTOR

3-[-97 510-427-0614