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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Morthami

Secretary of State DIVISION OF CORPORATIONS

1996

P95000064427 (4) DOCUMENT #

HILLARY  Principal Place o	VENTURES, INC.	Mailing Add	lress								
5930 N. BAYSI MIAMI FL 3313	HORE DRIVE		5930 N. BAYSHORE DRIVE MIAMI FL 33137								
<b></b> ,						3.	Date Incorporated or Qualified 08/18/1995	3a. Dat	e of Last Rep	oort	
2. Principal Plac	ce of Business	<u></u> 1	2a. Mailing Address			4.	FEI Number	<del></del>		oplied For ot Applicable	
Suite. Apt. #, etc		1 h h	Suite, Apt. #, etc.			5.	Certificate of Status Desired		\$8.75 Additional		
City & State		City & S	City & State				Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip Country		28 Zigi	Zip Country		,	1	This corporation has liability for	r intangible tax under s 199.032,			
25				30	30		10. Name and Address of New Registered Agent				
	Name and Address of Current Registered Agent										
HELLMAN, MAYNARD J				82	Street Addr	ress (P.	O. Box Number is Not Accepta	ble)			
1100 PONCE DE LEON BLVD.											
CORAL O											
	o the provisions of Sections 607.0 Id agent, or both, in the State of the and accept the obligations of S			84	1 '			FI	_   '   '	Code	
12.		AND DIRECTORS		13.	r	ed where re	ADDITIONS/CHANGES TO OF	DATE FICERS AN	ID DIRECTOR	RS IN 12	
TITLE	D Clark, Larry	L	☐ DELETE		1 1 TITLE 1 2 NAME						
NAME STREET ADDRESS	5930 N. BAYSHORE DRIV	Æ			LADDRESS						
CITY+ST-ZIP	MIAMI FL 33137			1.4 (0) Y -							
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NAME				2.2 NAME							
STREET ADDRESS					-LADORESS						
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CITY-ST-ZIP				340114	·S1 · 21F						
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NAME				4.2 NAME							
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NAME		•		6.2 NAM-							
OTDEET ANDRESS				€ 3 \$165	F F ADORESS						

14. If do hereby certify that the information supplied with this filing is voluntarily furnished and close 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 suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under early that I am an officer or director of the corporation on the receiver or trusted 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

6 4 CHY - \$1 - ZIP

SIGNATURE:

STREET ADDRESS

CITY - ST-ZIP

TYPED OR PRINTED NAME OF SIGNING OFFICER OR PRINTED RAME

4-11-96 305754143