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

PROFIT CORPORATION ANNUAL REPORT

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000087513 (4)

HOLLAND OF HILLSBORO, INC.

Principal Place of Business Mailing Address

FILED May 13 1998 8:00am Secretary of State



4860 NE 12 AVE FT LAUDERDALE FL 33334		4860 NE 12 AVE FT LAUDERDALE FL 33334		DO NOT WRITE IN TH	IC CDACE	
					3. Date Incorporated or Qualified 11/13/1995	IS STACE
2. Principal Pl	2a. Mailing Address		-	4. FEI Number	Applied For	
21		26	- 5 1		65-0647855	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	} 		5. Certificate of Status Desired	\$8.75 Additional
22		27				Fee Required
City & State	8	City & State	h		6. Election Campaign Financing	\$5.00 May Be
23 Zip	Country	7.0	Countr		Trust Fund Contribution	Added to Fees
24 24	25	Zip 29	30		This corporation owes or has paid the Personal Property Tax due June 30.	current year Intangible
9. Name and Address of Current Registered Agent					10. Name and Address of New Registere	
QA/	AVEDRA, DAMASO W		61	Name		
312 S.E. 17TH STREET						
SECOND FLOOR				Street Add	dress (P.O. Box Number is Not Acceptable)	
FT. LAUDERDALE FL 33316			83			
Fit ENOUGHDALE FL 300 IO						
			84	City	F	85 Zip Code
11, Pursuant t	to the provisions of Sections 607.0	502 and 607.1508, Florida Statute	s, the abov	e-named cor	rporation submits this statement for the purpose	of changing its registered
agent. La	n familiar with, and accept the obl	ligations of Section 607.0505, Flo	utriorized b rida Statute	y ine corpora s.	ation's board of directors. I hereby accept the a	ippointment as registered
SIGNATURE						
	Signature, typed or printed name of registered i			ent signature requ	uired when reinstating) DATE	
12.	OF LICERS A	ND DIFFECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	HOLLAND, GERALD M	C DECENE	1.1 TITLE	ŀ		Cuante Change
NAME	4860 NE 12 AVE		1.2 NAME			
STREET ADDRESS	FT LAUDERDALE FL 33334			T ADDRESS		
CITY-ST-ZIP TITLE	1.40		1.4 CITY-	ST-ZIP		Change Addition
NAME	LIAMED COLLEGE		2.2 NAME			C Outrige C Modulon
STREET ADDRESS	4860 NE 12 AVE			T ADDRESS		
	FT LAUDERDALE FL 33334		1	· 1		1
CITY-ST-ZIP TITLE	TT CAUDENDALE TE GOOGT	DELETE	2.4 CITY- 3.1 TIFLE	21-211		Change Addition
NAME			3 2 NAME			
STREET ADDRESS				T ADDRESS		İ
CITY-ST-ZIP			3.4 CITY-	ľ		
TITLE		DELETE	4.1 TITLE	U. III		☐ Change ☐ Addition
NAME			4. 2 NAME			
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP			4.4 CITY-	ST-ZIP		
TITLE		DELETE	5.1 TITLE		777	Change Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREE	ADDRESS		\
CITY-ST-ZIP			5.4 CITY-	1		
TITLE		DELETE	61 TITLE			Change Addition
NAME I			6.2 NAME			
STREET ADDRESS			6.3 STREE	ADDRESS		
CITY-ST-ZIP			6.4 CITY -	ST-ZIP		<u> </u>

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 roceiver 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:

**Mathematical Company of the composition of the company of