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

PROFIT CORPORATION ANNUAL REPORT

1998

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

24



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9600009715 (9)

HILVIL ENTERPRISES, INC.

Principal Place of Business Mailing Address

Country

25

HILDRETH, ROBERT G JR 4301 N OCEAN BLVD, #1604-A

**BOCA RATON FL 33431** 

4301 N OCEAN BLVD. #1604-A BOCA RATON FL 33431 BOCA RATON FL 33431

g, Name and Address of Current Registered Agent

2a. Mailing Address

City & State

Zip

27

28

29

Suite, Apt. #, etc.

## FILED May 19 1998 8:00am Secretary of State



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.

Country

**B1** Name

82

83

84

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

30

~					
SIGNATURE	Signature, typed or printed name of registered agent and tide if applicable (NOTE:	Registered Agent signature required v	when reinslating) DATE		
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND D	IRECTORS	S IN 12
TITLE	PS DELETE	1.1 TOTLE		Change	Addition
NAME	HILDRETH, ROBERT G	1.2 NAME			
STREET ADDRESS	4301 N OCEAN BLVD, #1604-A	1.3 STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON FL 33431	1.4 CITY-ST-ZIP			
TITLE	DELETE	2.1 TITLE		Change	Addition
NAME		2.2 NAME			
STREET ADDRESS		2.3 STREET ADDRESS			
CITY-ST-ZIP		2. 4 CITY-ST-ZIP			
TITLE	☐ DELETE	3.1 TITLE		Change	Additio
NAME		3.2 NAME			
STREET ADDRESS		3.3 STREET ADDRESS			
CITY-ST-ZIP		3.4. CITY - S1 - ZIP			
TITLE	☐ DELETE	4.1 TITLE	L.	Change	Additio
NAME		4. 2 NAME			
STREET ADDRESS		4.3 STREET ADDRESS			
CITY-ST-ZIP		4.4 CITY - ST - ZIP			<del></del>
TITLE	DELETE	51 TITLE	L	Change	Additio
NAME		5.2 NAME			
STREET ADDRESS		5 3 STREET ADDRESS			
CITY-ST-ZIP		5.4 CiTY-ST-ZiP			<b>—</b>
TITLE	DELETE	6.1 TITLE	L	] Change	Additio
NAME		6.2 NAME			
STREET ADDRESS		6.3 STREET ADDRESS			
AITY OT TID		64 CITY - ST - 7IP			

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 ceth; 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 13 if chapted or on an attachment with an address.

DIGHTHER & 9 H. OD. All 6 R. G. HUDBETH TO 4/30/08 561-368-6769