May 08, 1999 8:00 am Secretary of State

05-08-1999 90023 016 ***150.00

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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000026385

1. Corporation Name

Principal Place of Business

HILLSBORO FINANCIAL CORPORATION

| 1200 NO FEDERAL HIGHWAY STE 411 BOCA RATON FL 33432 | | BOCA RATON FL 33432 | | | | | | | |
|--|---|---------------------|-------------------|-------------------------|---|---|---------------------------|-------------------------|------------------------|
| | 2 00 102 | | | | | DO NOT WRITE | N THIS SP | ACE | |
| | | | | | | Date Incorporated or Qualifed 03/20/1996 | | | |
| 2. Principal Pl | ace of Business | 2a. Mailin | g Address | | | 4. FEI Number | | Apı | olied For |
| 21 | | | 26 | | | 65-0727681 | | No | Applicable |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | | | 8.75 A | dditional |
| 22 | | 27 | 27 | | | 5. Certifcate of Status Desired | J | Fee Re | quired |
| City & State | | | City & State | | | 6, Election Campaign Financing | | \$5.00 | May Be |
| 23 | | 28 | | | | Trust Fund Contribution | J | Added to | |
| Zip | Country | Zip | | Country | 1 | 8. This corporation owes the current | year Intang | ible | |
| 24 | 25 | 29 | 30 | 5] | | Personal Property Tax. | | Yes | □No |
| | 9. Name and Address of Currer | nt Registered A | Agent | | | 10. Name and Address of New Reg | istered Age | nt | |
| | | | | 81 | Name | | | | |
| | BES, PHILIP H | | 82 Street Ad | | | dress (P.O. Box Number is Not Acceptable | - | | _ |
| | NORTH FEDERAL HIGHWAY | | | | | | | | |
| | E 411 | | | 83 | | | | | |
| BOC | A RATON FL 33432 | | | 84 | City | | π. | 5 Zip C | ode. |
| | | | | | - 1 | | FL | | |
| office or r | to the provisions of Sections 607.056 egistered agent, or both, in the State m familiar with, and accept the obliga | of Florida. Suc | h change was auth | orized by | the corpora | rporation submits this statement for the pur tion's board of directors. I hereby accept th | pose of cha e appointm | nging its ent as reg | registered gistered |
| SIGNATURE | | | | | | | | | |
| | Signature, typed or printed name of registered age | | | | nt signature requi | ired when reinstating) | DATE | VIDEOTO | 00 0140 |
| 12. | | ND DIRECTOR | S DELETE | 13. | | ADDITIONS/CHANGES TO OFFIC | | Change | Addition |
| TITLE | D Garney, Edwin G | | C) Dere ie | | | | L | , change | |
| NAME | 1200 NO FEDERAL HIGHWAY | CTE A11 | | 1.2 NAME | T + DODCCO | | | | |
| STREET ADDRESS | BOCA RATON FL 33432 | 312 411 | | | TADDRESS | | | | |
| CITY-ST-ZIP_ | PTD | | ☐ 0ELETE | 1.4 C/TY-S 2.1 TITLE | T-ZIP | | |] Change | Addition |
| TITLE | GARNEY, KRISTA D | | □ occeie | 2.2 NAME | | | | , | |
| NAME | 1200 NO FEDERAL HIGHWAY | QTE 411 | | | * | | | | ļ |
| STREET ADDRESS | BOCA RATON FL 33432 | 316 411 | | | T ADORESS | | | | |
| CITY-ST-ZIP | VSD | | DELETE | 2. 4 C/TY-: | 51-ZIP | | Т |] Change | Addition |
| TITLE | GARNEY, KAREN L | | | 3.2 NAME | | | _ | | |
| NAME | 1200 NO FEDERAL HIGHWAY | STE 411 | | | T ADDRESS | | | | ļ |
| STREET ADDRESS | BOCA RATON FL 33432 | VIE 777 | | 3.4. CiTY-: | | | | | |
| CITY-ST-ZIP | D | | ☐ DELETE | 4.1 TITLE | 51-21 | | | Change | Addition |
| | GARNEY, MARIANNE G | | | 4. 2 NAME | | | _ | | _ |
| NAME CTREET ADDRESS | 1200 NO FEDERAL HIGHWAY | STE 411 | l | | TADDRESS | | | | |
| STREET ADDRESS | BOCA RATON FL 33432 | Q-16-111 | | 4.4 CITY-5 | 1 | | | | |
| CITY-ST-ZIP TITLE | 20071111101112 00 102 | | DELETE | 5.1 TITLE | 1-2f | | | Change | Addition |
| NAME | | | | 5.2 NAME | | | | = | |
| STREET ADDRESS | | | į | 5.3 STREE | T ADDRESS | | | | |
| i | | | | 5.4 CITY-9 | ľ | | | | |
| CITY-ST-ZIP | | | □ DELETE | 6.1 TITLE | —— | | | l Change | Addition |

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 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, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

Edwin G. Garney RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 1, 1999

(416)236-2266

Daytime Phone #