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

PROFIT CORPORATION **ANNUAL REPORT**

1997

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

FILED

May 01 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000037414 (5)

HILLSBOROUGH REAL ESTATE CENTER, INC.

Principal Place of Business Mailing Address 719 REGENT CIRCLE SOUTH BRANDON FL 33511 719 REGENT CIRCLE SOUTH BRANDON FL 33511-6931 3. Date Incorporated or Qualified 3a. Date of Last Report 04/26/1996 2. Principal Place of Business 2s. Mailing Address Applied For 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional М 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Zip Country $Z_{\rm IP}$ Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name RUIZ, ALFRED 719 REGENT CIRCLE SOUTH 82 Street Address (P.O. Box Number is Not Acceptable) **BRANDON FL 33511** 83 84 Zip Code 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOT). Registered Agent signature required when reinstalling) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. PSTD DELETE TITLE Change Addition 111000 RUIZ, ALFRED NAME 1.2 NAME 719 REGENT CIRCLE SOUTH STREET ADDRESS 1.3 STREET ADDRESS BRANDON FL 33511 CITY-ST-ZIP 1.4 CITY-ST-ZIP DETETE TITLE Change Addition 21 1017 NAME 22 NAME STREET ADDRESS 2 3 STREET ADDRESS CITY-ST-ZIP 2 4 CHTY - ST - ZIP TITLE ☐ DELETE 3 1 THILE Addition NAME 3.2 NAM2 STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY - \$1 - 20° DELETE TITLE 4.1 TITLE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 City - \$1 - ZiP DELETE Change Addition TITLE 51 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS **000002164940** -05/05/97--01008--00^{5 Chango} CITY-ST-ZIP 5 4 C(1Y - S1 - Z(P

14. 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 or trootee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 it changed, or on an attachment with an address. Mastal

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

61 TITLE

6.2 NAME

DELETE