SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 **DOCUMENT #** P96000079450 (8)

Principal Place of Business	Mailing Address
444 VALLEY STREAM DR	444 VALLEY STREAM DR
GENEVA FL 32732	GENEVA FL 32732

FILED Sep 16 1997 8:00am Secretary of State

HILL MANAGEMENT ASSOCIATES INC. Principal Place of Business Mailing Address 444 VALLEY STREAM DR GENEVA FL 32732 GENEVA FL 32732								DO NOT WRITE IN THIS SPACE				
								3. Date Incorporated or Qualified	3a. [Date of Last f	Report	
·								09/23/1996	1	IA		
2. Principal F	Place of Busin	ess	2a. Mailing	Address				4. FEI Number		V	pplied For lot Applicable	
Sulte, Apt.	#, etc.	 	26 Suite,	Apt. #, etc.							Additional	
22			27					5. Certificate of Status Desired			equired	
City & Stat	te		City &	State				6. Election Campaign Financing			May Be	
23			28		T -			Trust Fund Contribution,			to Fees	
Zip 24	}	Country	Zφ		Cou	ntry		8. This corporation owes or has pa				
24		25 and Address of Cure	29 29 Annual Registered A	aeni	30			Personal Property Tax due June 10. Name and Address of New Re			X No	
HII	LL, TERREN					81 N	Vame					
	4 VALLEY S				ļ	82 S	Street Addre	iss (P.O. Box Number is Not Acceptal	(ماد	 -		
GENEVA FL 32732				1		Addition Addition	as (1.0. box number is not Acceptal	JIG)				
					- 1	83						
					ŀ	84 (City			85 Zip	Code	
44 Durawant	to the mountain	one of Captions CO7.0	500 and 507 1500	Closida Ctalia	too the el-			and a substitute of the substitute of the	FI			
SIGNATURE		or printed name of regulared	agent and litte if applicab		TE: Registered			oration submits this statement for the pon's board of directors. I hereby acce	DATE			
12.	 _	OFFICERS A	AND DIRECTORS	DELETE	13. 1.1 III		PR	ADDITIONS/CHANGES TO OFFIC		D DIRECTO Change	HS IN 12 Acdition	
NAME	i			D DECENE	1.2 NA		1/2	ERRENCE C. HIL	C	Onange	Acomon	
STREET ADDRESS						REET ADO	DRESS 4	144 VALLEY STRI	MM	DR		
CITY-ST-ZIP					1	Y-ST-Z	,	SENEVA FL	27	37		
TITLE				DELETE	2.1 TIT	LĒ	V	ILE PRES.		Change	Addition	
NAME					2.2 NA	ME		INDA L-HILL		~		
STREET ADDRESS					2.3 ST	REET ADO	DRESS 2	ILLY VALLEY STI	CEAL	n PR	-	
CITY-ST-ZIP	 _			DELETE		TY-ST-Z	ZIP (seneva pr s	22	73 2	L] Addition	
TITLE NAME				בן מבננונ	3.1 TIT 3.2 NA					☐ Citati8e	L.J Adolion	
STREET ADDRESS					i i	ME REET ADE	narce					
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CITY-ST-ZIP					4.4 CIT	Y-ST-Z	IP					
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NAME	1				5.2 NA							
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TITLE				DELFTE	6.1 TIT					Change	Addition	
NAME					6.2 NA							
STREET ADDRESS	1				1	REET ADD	1					
CITY-ST-ZIP	1				■ 6.4 C/T	Y-S1-Z	IP 1					

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 of 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 fustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 of chapter on an autochyrent with an address.

(407)