

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 07, 1999 8:00 am
Secretary of State

04-07-1999 90014 010 ***150.00

DOCUMENT # P96000096438

1. Corporation Name
HAMILTON HEIGHTS, INC.

Principal Place of Business

1410 MAGELLAN DRIVE
SUITE 101
SARASOTA FL 34237

Mailing Address

1410 MAGELLAN DRIVE
SUITE 101
SARASOTA FL 34237

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/26/1996

4. FEI Number
65-0711073

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 7275 Bee Ridge Rd
Suite, Apt. #, etc.

2a. Mailing Address

26 7275 Bee Ridge Rd
Suite, Apt. #, etc.

City & State

23 Sarasota FL

City & State

28 Sarasota FL

Zip

24 34241

Country

25 USA

Zip

29 34241

Country

30 USA

9. Name and Address of Current Registered Agent

HAMILTON, JANA L.
1410 MAGELLAN DR
#101
SARASOTA FL 34243

10. Name and Address of New Registered Agent

81 Name

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

83 7275 Bee Ridge Rd

84 City Sarasota

FL

85 Zip Code 34241

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.

SIGNATURE

Jana L. Hamilton

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/31/99

12. OFFICERS AND DIRECTORS

TITLE PSTD ☐ DELETE
NAME HAMILTON, JANA L.
STREET ADDRESS 1410 MAGELLAN DR., #101
CITY-ST-ZIP SARASOTA FL 34237

TITLE D ☐ DELETE
NAME HAMILTON, MICHAEL D
STREET ADDRESS 1410 MAGELLAN DR., #101
CITY-ST-ZIP SARASOTA FL 34237

TITLE D ☒ DELETE
NAME SIMOLARI, PHILIP
STREET ADDRESS 1800 BEN FRANKLIN DR. #B-906
CITY-ST-ZIP LONGBOAT KEY FL 34228

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 7275 Bee Ridge Rd
1.4 CITY-ST-ZIP Sarasota FL 34241

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 7275 Bee Ridge Rd
2.4 CITY-ST-ZIP Sarasota FL 34241

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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.

SIGNATURE:

Jana L. Hamilton REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/31/99 (941) 378-7000

0479326

CR2E034 (11/98)