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Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1998**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P97000098265 (6)**

1. Corporation Name

[redacted]

Nc 3-19-98
Hillcrest Benefit Administrators, Inc.

[redacted]

Principal Place of Business	Mailing Address
342 E 5TH AVE MT DORA FL	P O BOX 1364 MT DORA FL 32757

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/18/1997

2. Principal Place of Business	2a. Mailing Address
21 18500 Hwy 441	26 P.O Box 1515
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Mt. Dora, FL	City & State 28 Mt. Dora, FL
Zip / Country 24 32757 / 25 U.S.	Zip / Country 29 32756 / 30 U.S.

4. FEI Number: 59-3478181 ☐ 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 or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BIRON, LOUIS R 342 E 5TH AVE MT DORA FL	81 Name 82 Street Address (P.O. Box Number is Not Acceptable): 3861 WaterCrest Drive 83 84 City: Longwood FL 85 Zip Code: 32779

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BIRON, LOUIR R P O BOX 1364 N/A MT DORA FL 32757	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☒ Change ☐ Addition P.O Box 1515 N/A Mt. Dora, FL 32756-1515	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HAMPTON, LANCE N P O BOX 1364 N/A MT DORA FL 32757	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☒ Change ☐ Addition P.O Box 1515 N/A Mt. Dora, FL 32756-1515	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SHEFFIELD, ROGER L P O BOX 1364 N/A MT DORA FL 32757	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☒ Change ☐ Addition P.O.Box 1515 N/A Mt. Dora, FL 32756-1515	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PEREZ, CARMINE N P O BOX 1364 N/A MT DORA FL 32757	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☒ Change ☐ Addition P.O Box 1515 N/A Mt. Dora, FL 32756-1515	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HILL, KAY P O BOX 1364 N/A MT DORA FL 32757	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☒ Change ☐ Addition P.O Box 1515 N/A Mt. Dora, FL 32756-1515	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	500002484555 Change ☐ Addition -04/10/98--01005--022 ***150.00	

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.

SIGNATURE _____

CR2E034 (10/97)