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

PROFIT CORPORATION ANNUAL REPORT

1998

HILL VERNON

BOCA RATON FL 33431



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P97000104200 (5) DOCUMENT #

HILL ENGINEERING & DEVELOPMENT, INC.

2500 NORTH FEDERAL HWY, APT 322

Principal Place of Business Mailing Address 2500 NORTH FEDERAL HWY. APT 322 2500 NORTH FEDERAL HWY. APT 322 **BOCA RATON FL 33431 BOCA RATON FL 33431** DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 12/10/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 650802674 21 26 Suite Apt #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 28 23 Country Ζip Country 8. This corporation owes or has paid the current year Intargible ☐ Yes Personal Property Tax due June 30. 29 30 24 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent

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.

B1 Name

City

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

SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Addition DELETE Change TITLE HILL, VERNON 1.2 NAME NAME 2500 NORTH FEDERAL HWY, APT 322 1.3 STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33431** CITY-ST-ZIP 1.4 CITY-ST-ZIP Addition DELETE Change 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition DELETE 31 TITLE TITLE 3.2 NAME MAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 4.1 THILE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition DELETE TITLE 5.1 TITLE NAME 5.2 NAME **5.3 STREET ADDRESS** STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 6.1 TITLE TITLE 62 NAME NAME STREET ADDRESS **63 STREET ADDRESS** 4 CITY-ST-ZIP CITY - ST - ZIP

is filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information hual report is true and acqurate and that my signature shall have the same legal effect as if made under oath; that I am an or fusitee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in 4/14/98

FILED

Apr 29 1998 8:00am

Secretary of State

14. I hereby certify that the information s indicated on this annual report or su officer or director of the corporation Block 12 or Block 13 if changed or

iplied with this filing does not qualify for

Applied For

Zip Code

Not Applicable