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

**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State

## FILED May 04, 1999 8:00 am Secretary of State

999	THE STATE OF THE S		CORPORA	TIONS		05-04-1999	90086.0	20 ***15	0.00
MENT # P9	80000	131074				03-04-1999	30080 0	20 13	0.00
HIPYARD MANA	AGEMENT S	SERVICES,	INC.						
						479057 - 9	0086 - 20	7 *	j
of Business	Mai	ing Address							
אווג מסגואסט אויד		SAM	या						
	32210	ŲA!·				DO NOT WRIT	E IN THIS	SPACE	
ONVIBLE, IL	32210					3. Date Incorporated or Qualifed February.	.998		
ce of Business	2a. I	Mailing Address	-			4. FEI Number		Ap	plied For
	26					59-3497517			t Applicable
, etc.	<b>├</b> ──	Suite, Apt. #, etc.				5. Certifcate of Status Desired		•	
		City & State				6. Election Campaign Financing		\$5.00	May Be
	28		<u> </u>			Trust Fund Contribution		Added	to Fees
Country—	<del> </del> 1	'ip————		y		•	int year liit		
			30				ogietorod		∏No
9. Name and Address of	or Current Registe	rea Agent	8	1 Name		IV. Maille and Address of New IV	egistereu	- yent	
Wall Office		entra entra en	1						
•			. 8	2 Street	Addres	is (P.O. Box Number is Not Accepta	ble)		
			8	3					
Jacksonvill	re, rr 3	32202		4 0"				loc Zia	^-d-
			8	4 City			FL	85 Zip	Lode
the provisions of Sections	607.0502 and 607 he State of Florida	.1508, Florida Statute Such change was au	es, the abouthorized b	ve-named y the corp	corporation'	ation submits this statement for the solutions submits this statement for the solutions. I hereby accept	ourpose of the appoir	changing its	registered gistered
familiar with, and accept to	he obligations of, S	ection 607.0505, Flor	rida Statute	s.					
onature, typed or printed name of re-	gistered agent and title if a	oplicable. (NOTE:	Registered Ag	ent signature	required w	hen reinstating)	DATE		
			13.				ICERS AN	D DIRECTO	RS IN 12
DIRECTOR		☐ DELETE	1.1 TITLE					Change	☐ Addition
	R S. GALI	io i	1.2 NAME	Ē					
			; 1.3 STRE	ET ADDRESS	i				
	LE, FL	32210						C 01	- Autoria
•	·	☐ DEFEIF						Change	☐ Addition
			1						
<u> </u>		□ DELETE						☐ Change	☐ Addition
					_	_		_ *	_
		☐ DELETE	4.1 TITLE					☐ Change	☐ Addition
			4. 2 NAMI	Ē					
			4.3 STRE	ET ADDDESS					
				LIADDRESS	1				
			4.4 CITY-	ST-ZIP					
		☐ OELETE	4,4 CITY- 5.1 TITLE	ST-ZIP				Change	☐ Addition
		☐ OELETE	4.4 CITY- 5.1 TITLE 5.2 NAME	ST-ZIP				Change	Addition
		☐ DELETE	4.4 CITY- 5.1 TITLE 5.2 NAME 5.3 STREE	ST-ZIP				Change	☐ Addition
			4.4 CITY- 5.1 TITLE 5.2 NAME	ST-ZIP  ET ADDRESS ST-ZIP					
		☐ OELETE	4.4 CITY- 5.1 TITLE 5.2 NAME 5.3 STREI 5.4 CITY-	ST-ZIP  ET ADDRESS ST-ZIP				Change	Addition
			4.4 CITY- 5.1 TITLE 5.2 NAME 5.3 STREI 5.4 CITY- 6.1 TITLE 6.2 NAME	ST-ZIP  ET ADDRESS ST-ZIP	- Tu-, -				
7 1 0 0 0	Name HIPYARD MANA Of Business HARVARD AVE ONVILLE, FL ce of Business etc.  Country 25  9. Name and Address of Xent, Craw 225 Water S Jacksonvil the provisions of Sections istered agent, or both, in the familiar with, and accept the greature, typed or printed name of re OFFICE DIRECTOR CHRISTOPHE 1 2929 HARVA	Name HIPYARD MANAGEMENT S  of Business  HARVARD AVE ONVILLE, FL 32210  ce of Business  etc.  2a. 1 26  etc.  27  28  ——————————————————————————————	MENT # \$\overline{P98000013107}\$ Name  HIPYARD MANAGEMENT SERVICES,  of Business	MENT # \$\text{98000013107} \\ Name  HIPYARD MANAGEMENT SERVICES, INC.  of Business	MENT # P980000/3/07 Name HIPYARD MANAGEMENT SERVICES, INC.  of Business Mailing Address HARVARD AVE SAME ONVILLE, FL 32210  Dee of Business 26  etc. Suite, Apt. #, etc. 27  City & State 28  ——————————————————————————————————	MENT # \$\text{P980000} / 3/07\$  HIPYARD MANAGEMENT SERVICES, INC.  of Business	HENT # P9800 00 / 3107  HIPYARD MANAGEMENT SERVICES, INC.  479057-99  For Business  Mailing Address  HARVARD AVE ONVILLE, FL 32210  Do of Business  2a. Mailing Address 2b. Sulte, Apt. #, etc. 2c. Sulte, Apt. #, etc. 27  City & State 28  Country 2p  Country 2p  Country 2p  Country 2p  Country 2s  9. Name and Address of Current Registered Agent  Kent, Crawford & Gooding, P.A. 225 Water Street Suite 900  Jacksonville, FL 32202  Backsonville, FL 32210  Backsonvi	HENT # P98000013107  HIPYARD MANAGEMENT SERVICES, INC.  1479057, 9008 - 20  HARVARD AVE  ONVILLE, FL 32210  2a. Mailing Address  tet.  Suite, Apt. #, etc.  27  Country  2b.  City & State  2a. Suite, Apt. #, etc.  27  Country  2b.  Country  2c.  Country  2c.  Country  2c.  Country  2c.  Country  2d.  Country  3d.  Name  4. Fel. Number  10. Name and Address of New Registered.  8d.  Name  4. Fel. Number  10. Name and Address of New Registered.  8d.  Name  4. Fel. Number  10. Name and Address of New Registered.  8d.  10. Name and Addr	HENT # \$\text{P98000013107}\$  HIPYARD MANAGEMENT SERVICES, INC.  10 Business  Mailing Address  HARVARD AVE ONVILLE, FL 32210  SAME  DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified February, 1998  4. FEI Number Sq. 3.497517

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 AND TYPED OR PRINTED NAME OF SIGNING, OFFICER OR DIRECTOR