PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000020540

1. Corporation Name

HILDARCH ENTERPRISES, INC.

Apr 01, 1999 8:00 am Secretary of State

04-01-1999 90085 047 *****8.75 04-01-1999 90085 048 ***150.00



SARASOTA FL 34232		SARASOTA FL 34232		DO NOT WRITE IN THIS SPACE				
					3. Date Incorporated or Qualife 03/04/1998	d		
2. Principal P	GEORGETOWNE BLVD.	2a. Mailing Address RGE	でいい	E BLUD	4. FEI Number	140 / 15	• ——	pplied For
	90TA, FL. 34232	26 SARASOTA, F	L. 34	232	65-0817571	142612	No.	ot Applicabl <u>e</u>
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	×		Additional equired
City & Stat		City & State	-	•	6. Election Campaign Financing		\$5.00	May Be
23 SARA	150T4 FLORIDA	28 SARASOTA	4, H	LORIDA	Trust Fund Contribution		Added	to Fees
Zip	Country	Zip	Country		8. This corporation owes the cu	ırrent year Intar	ngible	
24 3 4 Z	32 25 U.S.A	29 34232 3	10 U.	<u>s.a. </u>	Personal Property Tax.		☐ Yes	No
	9. Name and Address of Current I	Registered Agent			10. Name and Address of New	Registered A	gent	→ ~ :
***	D# 4140/ED		81	Name				
AMERILAWYER				82 Street Address (P.O. Box Number is Not Acceptable)				
343 ALMERIA AVENUE						·		
COH	IAL GABLES FL 33134		83					
			84	City			85 Zip	Code ·
			ľ	1		F <u>L</u>		
11. Pursuant office or r agent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligatio	and 607.1508, Florida Statutes Florida. Such change was aut ns of, Section 607.0505, Florid	, the above horized by la Statutes	e-named corpo the corporation	ration submits this statement for the 's board of directors. I hereby acc	ne purpose of cleept the appoint	hanging its ment as re	s registered egistered
SIGNATURE	Signature, typed or printed name of registered agent a	AND A STREET	anistared Agos	nt signature required	when gainstating)	DATE		
12.	OFFICERS AND		13.	it signature redused	ADDITIONS/CHANGES TO C		DIRECTO	ORS IN 12
TITLE	PD	DELETE	1,1 TITLE		ADDITIONO/OFFICEO TO C		Change	Addition
	HORNAGOLD, HARRY V		1.2 NAME					_
NAME	1692 GEROGETOWNE BLVD G	KARCE TAWNE						
STREET ADDRESS		COURT INSTIT		TADDRESS				
CITY-ST-ZIP	SARASOTA FL 34232	DELETE	1.4 CITY-S	T-ZIP			☐ Change	Addition
TITLE	VD	☐ DETEIE	2.1 TITLE	ļ			□ cisalige	Addition
NAME	HORNAGOLD, GREGORY R	FARAETEURIE	2.2 NAME					
STREET ADDRESS	1692 GEROGETOWNE BLVD G	FORGE IOMNE	2,3 STREE	TADDRESS				
CITY-ST-ZIP	-SARASOTA FL 34232		2.4 CITY-5	ST-ZIP	<u> </u>	· -		
TITLE	STD	☐ DELETE	3.1 TITLE	ļ			Change	Addition
NAME .	HORNGOLD, CAROL J KOR		3.2 NAME	1				
STREET ADDRESS	1692 GEROGETOWNE BLVD G	EORGETOWNE	3,3 STREE	TADDRESS				
CITY-ST-ZIP	SARASOTA FL 34232		3.4. CITY- 5	ST-ZIP				_
IIITE		☐ DELETE	4.1 TITLE	-	-		Change	☐ Addition
NAME		ر	4. 2 NAME	1				
STREET ADDRESS			4.3 STREE	T ADDRESS				
CiTY-ST-ZIP			4.4 CITY-S	T-ZIP				
TITLE		☐ DELETE	5.1 TITLE				Change	☐ Addition
NAME			5.2 NAME	}				
STREET ADDRESS			5.3 STREE	TADDRESS				
CITY-ST-ZIP			5.4 CITY-S	T-2IP				
TITLE		☐ DELETE	6.1 TITLE				☐ Change	Addition
NAME		****	6.2 NAME				- •	
STREET ADDRESS			6.3 STREET	T ADDRESS				
STUCEL MODUE 99								

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 change for on an attainment with an address with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: