FILE NOW: FILING FEE AFTER MAY 1ST IS \$550,00

Mailing Address P. O. BOX 403046

MIAMI BEACH FL 33140

2a. Mailing Address

City & State

28

29

9. Name and Address of Current Registered Agent

Suite, Apt. #, etc. MAC

SHITE 206

PROFIT CORPORATION ANNUAL REPORT

1999

Principal Place of Business

2. Principal Place of Business

LEXA, JOSEPH J.

Suite, Apt. #, etc.

City & State

MIAMI BEACH FL 33140

265 W 33 ST

CHITE 206

22

23



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

P.O. BOX 403046

BEACH

Country

81

82

DOCUMENT # S04504

HILLS OF OCALA PROPERTIES, INC.

FILED Mar 05, 1999 8:00 am **Secretary of State**

03-05-1999 90089 017 ***150.00

	DO NOT WRIT	E IN TH	IIS SPACE		
3.	Date Incorporated or Qualifed 10/08/1990				
4,	FEI Number		1	Applied For	
	65-0221806			Not Applicable	
5.	Certificate of Status Desired			\$8.75 Additional Fee Required	
6.	Election Campaign Financing Trust Fund Contribution			.00 May Be ded to Fees	
8.	This corporation owes the curre	ent year	Intangible		

Personal Property Tax.

10. Name and Address of New Registered Agent

265 W 33RD STREET SUITE 206 83 MIAMI BEACH FL 33140 Zip Code 33140 84 MIAMI

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	Signature, typed or printed name of registered agent and title if applicable	(NOTE: B	Registered Agent signature requ	cired when reinstation)	DATE	
12.	OFFICERS AND DIRECTORS		13.		O OFFICERS AND DIRECTOR	RS IN 12
TITLE	PD OFFICERS AND DIRECTORS	DELETE	1.1 TITLE	ADDITIONO OF PARTIES A	☐ Change	Additio
		- DELETE	1		C oliginate	
NAME	LEXA, JOSEPH J.		1.2 NAME			
STREET ADDRESS	1		1.3 STREET ADDRESS		•	
CITY-ST-ZIP	MIAMI BEACH FL 33140		1.4 CITY-ST-ZIP			
TITLE	ST	DELETE	2.1 TITLE	•	☐ Change	☐ Addition
NAME	LEXA, JOSEPH J.		2.2 NAME			
STREET ADDRESS	265 W. 33RD ST		2.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI BEACH FL 33140		2.4 CITY-ST-ZIP		<u> </u>	
TITLE	V	☐ DELETE	3.1 TITLE		☐ Change	☐ Additi
NAME	BARNEY, RANDY L.		3.2 NAME	•		
STREET ADDRESS	265 W. 33RD ST		3.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI BEACH FL 33140		3.4. CITY-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE	<u>.</u>	☐ Change	Additi
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		DELETE	5.1 TITLE		☐ Change	Additi
NAME			5.2 NAME	;		
STREET ADDRESS			5.3 STREET ADDRESS	•		
			5.4 CITY-ST-ZIP	•		
CITY-ST-ZIP TITLE	<u> </u>	☐ DELETE	6.1 TITLE		☐ Change	☐ Additi
			6.2 NAME		ې پې	
NAME					,	
STREET ADDRESS			6.3 STREET ADDRESS	•	••	
CITY-ST-ZIP	J		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:

President 2/22/99 305674-0155