SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

8505 SW 181 TER.

MIAMI FL 33187-2616

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

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28

29

Country

9. Name and Address of Current Registered Agent

PRÓFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State 1998 **DIVISION OF CORPORATIONS** DOCUMENT # (6)HILTON CONSTRUCTION, INC. Principal Place of Business Mailing Address

8505 SW 181 TERR.

MIAMI FL 33187-2616

2. Principal Place of Business

KOGOVSEK, BARRY 19800 SW 180 AVE

Suite, Apt. #, etc.

City & State

22

23

24

Zip

FILED Aug 19 1998 8:00am Secretary of State

DO NOT WRI	TE IN THI	S SPACE			
3. Date Incorporated or Qualified					
02/12/1991					
4. FEI Number			Applied For		
65-0244137			Not Applicab		
5. Certificate of Status Desired			5 Additional Required		
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					

10. Name and Address of New Registered Agent

XII. lax

1980 #364	10 SW 180 AVE		82	Stree	t Address (P.O. Box Number is Not Acceptable)		
	, AI FL 33186		83				
			84	City	FL 85 Zip Code		
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, typod or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE							
12.	OFFICERS AND DIRECTORS	11		HOLE BIGHTS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE			TITLE		Change Addition		
NAME	KOGOVSEK, BARRY	***	NAME		Criange [] Addition		
STREET ADDRESS	19800 SW 180 AVE #364			ADDRESS	,		
CITY-ST-ZIP	MIAMI FL	1.4	CITY-ST	-ZIP			
TITLE		DELETE 2.1	TITLE		Change Addition		
NAME		2.2	NAME				
STREET ADDRESS		2.3	STREET	ADDRESS	. ,		
CITY-ST-ZIP		2.4	CITY-ST	ZIP			
TITLE		DELETE 3.1	TITLE		Change Addition		
NAME		3.2	NAME				
STREET ADDRESS		3.3	STREET	ADDRESS	,		
CITY-ST-ZIP		3.4	CITY-ST	ZIP			
TITLE		DELETE 4.1	TITLE		Change Addition		
NAME		4.2	NAME				
STREET ADDRESS		4.3	STREET.	ADDRESS	; <mark> </mark>		
CITY-ST-ZIP		4.4	CITY-ST-	ZIP			
TITLE		DELETE 5.1	TITLE		Change Addition		
NAME]		5.2	NAME				
STREET ADDRESS		53	STREET	address	i .		
CITY-ST-ZIP		5.4	CITY-ST-	ZIP			
TITLE		DELETE 6.1	TITLE		Change Addition		
NAME		6.2	NAME				
STREET ADDRESS		6.3	STREET	ADDRESS	;)		
CITY-ST-ZIP			CITY-ST-				
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 of the receiver or trusted employered 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.							

Country

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