## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

**DOCUMENT #** 

S35089

(9)

2a. Mailing Address

City & State

Suite, Apt. #, etc.

1. Corporation Name HILLOO INC

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

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23

Mailing Address	
6955 31ST TERRACE NORTH ST. PETERSBURG FL 33710	
	6955 31ST TERRACE NORTH

26

27



3a. Date of Last Report

05/01/1995

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Not Applicable

3. Date Incorporated or Qualified

03/01/1991

59-3059548

5. Certificate of Status Desired

6. Election Campaign Financing

4. FEI Number

23		28				Trust Fund Contribution	Adde	d to Fees	
Zip	Country	Zip	Coun	Country		8. This corporation has liability for	r intangible tax under s	199.032,	
24	25	29	30				es 🗹 No		
g. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent			
			]*	B1	Name			1	
ULLIAN, HOWARD E.			- ta	82 Street Address (P.O. Box Number is Not Acceptable)					
6955-31ST TERRACE NORTH		Ĺ							
ST. PETE	ERSBURG FL 33710		{	83					
			la la	84	City		- 85 Zij	p Code	
					•		FL		
or registere	o the provisions of Sections 607.05 ed agent, or both, in the State of Fla h, and accept the obligations of, Se	orida. Such change was authoriz	ed by the co	e-na orpor	med corporation stion and controls	on submits this statement for the p of directors. I hereby accept the ap	urpose of changing its repointment as registered	egistered office agent. I am	
SIGNATURE .	A						~ **		
12.	Signature, typed or printed name of registered ag	ND DIRECTORS	13.	gent s	signature required wi	hen reinstating) ADDITIONS/CHANGES TO OF	DATE	DO IN 10	
TITLE	PT	DELETE	1.1 10	F		ADDITIONS/CHANGES TO OF	Change	Addition	
NAME	ULLIAN, HOWARD E.		1.2 NAN						
STREET ADDRESS	6955-31ST TERRACE NORT	TH		-	DDRESS				
CITY - \$1 - ZIP	ST. PETERSBURG FL		1.4 CITY						
TITLE		☐ DELETE	2 1 111				Change	Addition	
NAME			2 2 NAM	AE.					
STREET ADORESS			23 STR	EFT AC	DORESS				
CITY-ST-ZIP			24 CITY	/·\$1-	ZIP				
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NAME			3.2 NAN	<b>AE</b>					
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STREET ADDRESS			4.3 STR	EET AC	DDRESS			· ·	
CITY-ST-ZIP			4.4 C(T)	/-\$T-	ZIP				
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CITY - ST - ZIP	·····		5.4 CiTY		ZIP				
TITLE		☐ DELETE	6 1 1(1)	LE			Change	Addition	
NAME			6.2 NAN	ŧΕ					
STREET ADDRESS			6.3 STR	EET AC	DDRES\$				
CITY-ST-ZIP			6.4 CITY						
certify that	y certify that the information supplie the information indicated on this ar	a with this filing is voluntarily furn inual report or supplemental ann	iished and di ual report is	oes i true	not qualify for t and accurate	the exemption stated in Section 11 and that my signature shall have th	9.07(3)(k), Florida Statut le same legal effect as if	es. I further 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

SIGNATURE: \_