

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # S65596 (6)**  
1. Corporation Name  
**HILTON GRAPHICS, INC.**



Principal Place of Business  
**SANTA ROSA BUSINESS CTR  
#3  
SANTA ROSA BEACH FL 32459  
US**

Mailing Address  
**P O BOX 1935 N/A  
#3  
SANTA ROSA BEACH FL 32459  
US**

3. Date Incorporated or Qualified  
**07/11/1991**

3a. Date of Last Report  
**04/13/1995**

4. FEI Number  
**59-3084017**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business  
21 **SANTA ROSA BUSINESS CTR**  
Suite, Apt. #, etc.  
22 **#3**  
City & State  
23 **SANTA ROSA BCH, FL**  
Zip  
24 **32459** Country  
25 **USA**

2a. Mailing Address  
26 **P.O. BOX 1935**  
Suite, Apt. #, etc.  
27  
City & State  
28 **SANTA ROSA BCH, FL**  
Zip  
29 **32459** Country  
30 **USA**

9. Name and Address of Current Registered Agent  
**HAAS, KENNETH  
4701 HWY 98 E #1208  
HIGHWAY 98 EAST, UNIT #3  
DESTIN FL 32541**

10. Name and Address of New Registered Agent  
81 Name **KENNETH HAAS**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**62 KENSINGTON LANE**  
83  
84 City **DESTIN** FL 85 Zip Code **32541**

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 the applicable

NOTE: Registered Agent Signature Required When Item 10 is

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	HILTON, CAREY	
STREET ADDRESS	23 COURT DR	
CITY-ST-ZIP	DESTIN FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SMITH, DAVID E.	
STREET ADDRESS	336-D SIEBERT	
CITY-ST-ZIP	DESTIN FL	
TITLE	CTD	<input type="checkbox"/> DELETE
NAME	HAAS, KENNETH	
STREET ADDRESS	1096 OLD HWY 98 #1208	
CITY-ST-ZIP	DESTIN FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	HAAS, MARUCA	
STREET ADDRESS	1096 OLD HWY 98 #1208	
CITY-ST-ZIP	DESTIN FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VD
2.3 STREET ADDRESS	SMITH, DAVID E.
2.4 CITY-ST-ZIP	336-D SIEBERT DESTIN FL 32541
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	CTD
3.3 STREET ADDRESS	HAAS, KENNETH
3.4 CITY-ST-ZIP	62 KENSINGTON LANE DESTIN FL 32541
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	PD
5.3 STREET ADDRESS	SMITH, BRIAN
5.4 CITY-ST-ZIP	1120 ROCK HILL RD. DEFUNIAK SPRINGS FL 32433
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/96 (904) 267-1331

CR2E034 (12/95)