

# 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 # **V73081** (4)

1. Corporation Name

**FAYETTEVILLE REALTY CO., INC.**



Principal Place of Business

Mailing Address

% GEORGE HILLMAN  
5053 SUFFOLK DR  
BOCA RATON FL 33496

% GEORGE HILLMAN  
5053 SUFFOLK DR  
BOCA RATON FL 33496

3. Date Incorporated or Qualified

**10/21/1992**

3a. Date of Last Report

**01/18/1995**

4. FEI Number

**65-0369309**

Applied For

Not Applicable

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

2a. Mailing Address

21. Subst. Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip

Country

28. Zip

Country

24. Zip

Country

29. Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CAPITAL CONNECTION, INC.  
417 E VIRGINIA ST  
SUITE 1  
TALLAHASSEE FL 32301**

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

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, typed or printed name of registered agent and the filer, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE ☐ DELETE

NAME  
**HILLMAN, GEORGE**  
STREET ADDRESS  
**5033 SUFFOLK DR**  
CITY-ST-ZIP  
**BOCA RATON FL**

1.2 TITLE ☐ DELETE

NAME  
**HILLMAN, SELMA**  
STREET ADDRESS  
**5033 SUFFOLK DR**  
CITY-ST-ZIP  
**BOCA RATON FL**

1.3 TITLE ☐ DELETE

NAME  
**HILLMAN, SELMA**  
STREET ADDRESS  
**5033 SUFFOLK DR**  
CITY-ST-ZIP  
**BOCA RATON FL**

1.4 TITLE ☐ DELETE

NAME  
**HILLMAN, SELMA**  
STREET ADDRESS  
**5033 SUFFOLK DR**  
CITY-ST-ZIP  
**BOCA RATON FL**

1.5 TITLE ☐ DELETE

NAME  
**HILLMAN, SELMA**  
STREET ADDRESS  
**5033 SUFFOLK DR**  
CITY-ST-ZIP  
**BOCA RATON FL**

1.6 TITLE ☐ DELETE

NAME  
**HILLMAN, SELMA**  
STREET ADDRESS  
**5033 SUFFOLK DR**  
CITY-ST-ZIP  
**BOCA RATON FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

*George Hillman Pres.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/16/96*  
Date

*(407) 998-9353*  
Daytime Phone #

CR2E034 (12/95)