

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 # 190420 (0)

1. Corporation Name
HILLSBORO MILE OCEAN APARTMENTS, INC.



Principal Place of Business: P. O. BOX L DEERFIELD BEACH FL 33443
Mailing Address: P. O. BOX L DEERFIELD BEACH FL 33443

3. Date Incorporated or Qualified: 07/23/1956
3a. Date of Last Period: 04/24/1995

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

4. FEI Number: 59-0802461 Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

WILSON, GEORGE Z.
1045 HILLSBORO BEACH, APT. 15-A
POMPAÑO BEACH FL 33062

10. Name and Address of New Registered Agent

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 in block (required) and must not be applicable (delete) (Title) Registered Agent separate from business listing DATE

12. OFFICERS AND DIRECTORS	
TITLE	RD VP <input checked="" type="checkbox"/> DELETE
NAME	VAN HUIS, OLIVE A
STREET ADDRESS	1045 HILLSBORO MILE, #9B
CITY - ST - ZIP	HILLSBORO BEACH FL
TITLE	VPD <input type="checkbox"/> DELETE
NAME	MARSHALL, COURTNEY
STREET ADDRESS	1045 HILLSBORO MILE, #1A
CITY - ST - ZIP	HILLSBORO BEACH FL
TITLE	RD <input checked="" type="checkbox"/> DELETE
NAME	LYNCH, MARY
STREET ADDRESS	1045 HILLSBORO MILE, #10A
CITY - ST - ZIP	HILLSBORO BEACH FL
TITLE	RD <input checked="" type="checkbox"/> DELETE
NAME	LYNSKEY, THOMAS
STREET ADDRESS	1045 HILLSBORO MILE, #19A
CITY - ST - ZIP	HILLSBORO BEACH 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	
11 TITLE	PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	LYNCH, JAMES
13 STREET ADDRESS	1045 HILLSBORO MILE, APT 10A
14 CITY - ST - ZIP	HILLSBORO BEACH, FL 33062
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	ELIZABETH LYNSKEY
53 STREET ADDRESS	1045 HILLSBORO MILE #19A
54 CITY - ST - ZIP	HILLSBORO BEACH, FL 33062
61 TITLE	S/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	CAROL FITZMAURICE
63 STREET ADDRESS	1045 HILLSBORO MILE #16B
64 CITY - ST - ZIP	HILLSBORO BEACH, FL 33062

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: *Elizabeth H. Lynskey* ELIZABETH LYNSKEY 04/18/96 (954) 943-8310
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date City, State, Zip

CR2E034 (12/95)