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**Apr 28 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33443-1174
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3. Date Incorporated or Qualified 01/23/1956	3a. Date of Last Report 05/01/1996
4. FEI Number 59-0602461	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24	25
29	30

9. Name and Address of Current Registered Agent

**WILSON, GEORGE Z.
1045 HILLSBORO BEACH, APT. 15-A
POMPANO 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	LYNCH, JAMES	
STREET ADDRESS	1045 HILLSBORO MILE APT 10A	
CITY - ST - ZIP	HILLSBORO BEACH FL	
TITLE	MR	<input type="checkbox"/> DELETE
NAME	MARSHALL, COURTNEY	
STREET ADDRESS	1045 HILLSBORO MILE APT 10A	
CITY - ST - ZIP	HILLSBORO BEACH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	LYNSKEY, ELIZABETH	
STREET ADDRESS	1045 HILLSBORO MILE #19A	
CITY - ST - ZIP	HILLSBORO BEACH FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	FITZMAURICE, CAROL	
STREET ADDRESS	1045 HILLSBORO MILE #10A	
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

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PD
1.3 STREET ADDRESS	FITZMAURICE, CAROL
1.4 CITY - ST - ZIP	1045 HILLSBORO MILE APT 16B HILLSBORO BEACH FL
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SD
2.3 STREET ADDRESS	ANN MCKENNA
2.4 CITY - ST - ZIP	1045 HILLSBORO MILE APT 2B HILLSBORO BEACH FL
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	VPD
4.3 STREET ADDRESS	BARBARA MARSHALL
4.4 CITY - ST - ZIP	1045 HILLSBORO MILE APT 1A HILLSBORO BEACH FL
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
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 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 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 Lynskey* **ELIZABETH LYNKEY** TREASURER **04/18/97**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)