

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 24 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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
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DO NOT WRITE IN THIS SPACE

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 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified 01/23/1956	
4. FEI Number 59-0602461	Applied For <input type="checkbox"/> 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

WILSON, GEORGE Z.
1045 HILLSBORO BEACH, APT. 15-A
POMPANO BEACH FL 33082

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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	FITMAURICE, CAROL	
STREET ADDRESS	1045 HILLSBORO MILE APT 16B	
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	MCKENNA, ANN	
STREET ADDRESS	1045 HILLSBORO MILE APT 2B	
CITY-ST-ZIP	HILLSBORO BEACH FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	MARSHALL, BARBARA	
STREET ADDRESS	1045 HILLSBORO MILE APT 1A	
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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	LYNCH, JAMES M.	
1.3 STREET ADDRESS	1045 HILLSBORO MILE, APT. 10A	
1.4 CITY-ST-ZIP	HILLSBORO BEACH, FL	
2.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	LYNSKEY, THOMAS	
2.3 STREET ADDRESS	1045 HILLSBORO MILE, APT 19A	
2.4 CITY-ST-ZIP	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	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	VAN HUIS, R. B.	
4.3 STREET ADDRESS	1045 HILLSBORO MILE, APT 9B	
4.4 CITY-ST-ZIP	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 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: *[Handwritten Signature]* **4/22/98 (01) 044-8210**

CR2E034 (10/97)