


FILE NOW: FILING FEE IS \$61.25

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90223 048 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 743189

1. Corporation Name
HILLCREST-BY-SEA ASSOCIATES, INC.

Principal Place of Business
**9165 COLLINS AVENUE
SURFSIDE FL 33154**

Mailing Address
**9165 COLLINS AVENUE
SURFSIDE FL 33154**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/09/1978	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-1916818		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	25	29	30		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
A & T ACCOUNTING & TAX 7098 BONITA DRIVE MIAMI BEACH FL 33141		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MNACEK, JERRY	1.2 NAME	WAHL, LARRY
STREET ADDRESS	9165 COLLINS AVENUE	1.3 STREET ADDRESS	9165 COLLINS AVENUE
CITY-ST-ZIP	SURFSIDE, FL 00000	1.4 CITY-ST-ZIP	SURFSIDE, FL 33154
TITLE	VSTD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VICE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAUZON, LUCIEN	2.2 NAME	MATOUK, BILL
STREET ADDRESS	9165 COLLINS AVENUE	2.3 STREET ADDRESS	9165 COLLINS AVENUE
CITY-ST-ZIP	SURFSIDE, FL 00000	2.4 CITY-ST-ZIP	SURFSIDE FL 33154
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	SECRETARY AND TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	METIVIER, J. P.	3.2 NAME	PEREDA, MARIA E
STREET ADDRESS	9165 COLLINS AVENUE	3.3 STREET ADDRESS	9165 COLLINS AVENUE
CITY-ST-ZIP	SURFSIDE FL	3.4 CITY-ST-ZIP	SURFSIDE FL 33154
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AMFAHR, DON	4.2 NAME	PRIVREL, TONI
STREET ADDRESS	9165 COLLINS AVENUE	4.3 STREET ADDRESS	9165 COLLINS AVENUE
CITY-ST-ZIP	SURFSIDE FL	4.4 CITY-ST-ZIP	SURFSIDE FL 33154
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATOUK, BILL	5.2 NAME	BURKE, JAMES
STREET ADDRESS	9165 COLLINS AVENUE	5.3 STREET ADDRESS	9165 COLLINS AVENUE
CITY-ST-ZIP	SURFSIDE FL	5.4 CITY-ST-ZIP	SURFSIDE FL 33154
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Maria E Pereda* 4/25/99 305-4431630
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)