## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State
DIVISION OF CORPORATIONS

## **DOCUMENT # 744826**

Corporation Name

HILLCREST EAST NO. 26 INC.

Principal Place of Business

2. Principal Place of Business

Suite. Apt. #. etc.

4001 HILLCREST DR. HOLLYWOOD FL 33021 Mailing Address

4001 HILLCREST DR. HOLLYWOOD FL 33021

2a. Mailing Address

Suite, Apt. #, etc.

26

## FILED Apr 23, 1999 8:00 am § Secretary of State

04-23-1999 90124 047 \*\*\*\*61.25





Applied For

3. Date Incorporated or Qualifed

11/03/1978

4. FEI Number

22		27					59-1940672		Not	t Applicable
City & State		City & State			5. Certifcate of Sta	5. Certificate of Status Desired				
23[		28			Country			·	, Fee Re	<u> </u>
Zip	Country	_ <b>├</b> ─	Zip	T.T.	Country		6. Election Campai		<b>\$5.00</b>   Added to	•
24 .	25]	[29]		30	<u> L</u>		Trust Fund Cont 10. Name and Add			0 1665
	9. Name and Address of Cu	rrent Regis	sterea Ager	nt	81	Name		tess of frem region	orde Agont	
					"		PRESIDENT	T.D.C		
HARTMAN, CHARLES					82	Street	Street Address (P.O. Box Number is Not Acceptable)			
400 HILLCREST DR #306 HOLLYWOOD, FL. 33021					ļ.,	4001 HILLCREST DR.				
					83					
					84	City	#306 - 85 Zip Code			ode
	•					"	HOLLYWOOD,		<b>FL</b>   330	
office or r	to the provisions of Sections 617. egistered agent, or both, in the St m familiar with, and accept the ob	tate of Flori	da. Such ch , Section 61	iange was auth 17.0503, Florida	onzed by Statutes	tne corp	oration's board of directors.	tement for the purpo	appointment as reg	registered gistered
	Signature, typed or printed name of registered			(NOTE: Re	gistered Age	nt signature	required when reinstating)	NGES TO OFFICER		RS IN 12
12.		AND DIRE		DELETE				TOLO TO OTTIOLI	Change	☐ Addition
TITLÉ	P	_	i.	DECETE	1.1 TITLE		PRESIDENT			
NAME	HARTMAN, CHARLES	•			1.2 NAME		HARTMAN, CHA	RLES		•
STREET ADORESS	4001 HILLCREST DR., #306	i			1.3 STREE	TADDRESS	4001 HILLCR	EST DR #3	06	
CITY-ST-ZIP	HOLLYWOOD FL				1.4 CITY-S	T-ZIP	HOLLYWOOD,			
TITLE	VPT		<u>, [</u>	DELETE	2.1 TITLE		TREASURER		XXChange	Addition
NAME	DECKER, ROSALIE				2.2 NAME		DECKER, ROSA	T.TE		
STREET ADDRESS	4001 HILLCREST DR., #515	•			2.3 STREE	TADORESS	4001 HILLCR	EST DR #5	515	
CITY-ST-ZIP	HOLLYWOOD FL				2. 4 CITY-5	ST-ZIP	HOLLYWOOD,	FL 33021	•	
_TITLE ~	S			),DELETE	3.1.TITLE_		-SEGRETARY		~ XX Change.	🖸 Additio
NAME	BORNSTEIN, SOL		26252	*	3.2 NAME		ROMM-, DOROTH			
STREET ADDRESS	4554 SW LODEST BB #464				3.3 STREE	TADORESS	4001 HILLCR	EST DR #4	08-7	
	HOLLYWOOD FL				3.4. CITY-5	ST-71P	HOLLYWOOD,	FL-33021		
CITY-ST-ZIP	D			DELETE	4.1 TITLE		VICE PRESID		Change	Additio
NAME	YASKOWITZ, CLEM		_		4. 2 NAME		YASKOWITZ,C			
		na na				T ADDRESS	1 4001 7777700	EST DR, 1	201-03	
STREET ADDRESS	1						HOLLYWOOD,			
CITY-ST-ZIP	HOLLYWOOD FL		_ <del></del>	DELETE	4.4 CITY-S 5.1 TITLE	11-212	DIRECTOR		☐ Change	Additio
TITLE	D .		_		5.1 NAME		LASKY, IRVIN	IG		_
NAME	LASKY, IRVING	ı				TADDOGGO	4001 111110		2Ö 1	
STREET ADDRESS						TADDRESS	HOLLYWOOD,		.01	
CITY-ST-ZIP	HOLLYWOOD FL			1 nei ere	5.4 CITY-S	51-ZIP	· · · · · · · · · · · · · · · · · · ·	11 00021	Chassa	☐ Additio
TITLE	D		L	] DELETE	6.1 TITLE		DIRECTOR		Change	☐ Additio
NAME	CHANIN, CHARLES				6.2 NAME		CHANIN, CHAF	RLES		
STREET ADDRESS	4001 HILL CREST DR 906				6.3 STREE	T ADDRESS	1 4001 1110001	REST DR #9	906 ,	
CITY-ST-ZIP	HOLLYWOOD FL		·		6.4 CiTY-5		HOLLYWOOD,	FL 33021		
14. I hereby	certify that the information supplie	d with this	filing does n	ot qualify for th	e exemp	tion state	d in Section 119.07(3)(i), Flo	orida Statutes. I furth	er certify that the in	nformation

• I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Fibridae Statutes. I harder certify that it am an 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 chapsed, or on an attachment with an address, with all other like empowered.

**SIGNATURE** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-99

954-964-8561