

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 05 1996 8:00 am
Secretary of State

DOCUMENT # 757157 (3)

1. Corporation Name

HILLCREST EAST NO. 20 INC.

Principal Place of Business

HILLCREST EAST # 20. INC.
CONDO OFFICE
HOLLYWOOD FL 33021

Mailing Address

919 HILLCREST DRIVE
CONDO OFFICE
HOLLYWOOD FL 33021



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		04/27/1981		05/01/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		59-2141470		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Country		Zip		Country	
24		25		29		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
LIFSCHIN, SAMUEL 919 HILLCREST DR., #412 HOLLYWOOD FL 33021				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 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D
NAME	WEISER, LOUIS	1.2 NAME	FAITH MACNOW
STREET ADDRESS	919 HILLCREST DR., #703	1.3 STREET ADDRESS	919 HILLCREST DR #202
CITY-ST-ZIP	HOLLYWOOD FL 33021	1.4 CITY-ST-ZIP	Hollywood, FL 33021
TITLE	TD	2.1 TITLE	
NAME	LIFSCHIN, SAMUEL	2.2 NAME	
STREET ADDRESS	919 HILLCREST DR, #412	2.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33021	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	CHIZNER, SYBIL	3.2 NAME	
STREET ADDRESS	919 HILLCREST DR. #503	3.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33021	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	
NAME	LOTTER, PHILLIP	4.2 NAME	
STREET ADDRESS	919 HILLCREST DR #715	4.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33021	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	SCHWARTZ, ELWOOD	5.2 NAME	
STREET ADDRESS	919 HILLCREST DR., #308	5.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33021	5.4 CITY-ST-ZIP	
TITLE	PD	6.1 TITLE	
NAME	SADOWSKY, SAMMUEL	6.2 NAME	
STREET ADDRESS	919 HILLCREST DR., #208	6.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL	6.4 CITY-ST-ZIP	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-16-96

963-3204

CR2E037 (12/95)