

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 23 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 757157 (3)

1. Corporation Name

HILLCREST EAST NO. 20 INC.



Principal Place of Business

Mailing Address

HILLCREST EAST # 20. INC.
CONDO OFFICE
HOLLYWOOD FL 33021919 HILLCREST DRIVE
CONDO OFFICE
HOLLYWOOD FL 33021-78943. Date Incorporated or Qualified
04/27/19813a. Date of Last Report
06/01/1993

4. FEI Number

59-2141470

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐

Yes

☐

No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

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

LIFSCHIN, SAMUEL
919 HILLCREST DR., #412
HOLLYWOOD FL 33021

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 ☐ DELETED
WEISER, LOUIS
919 HILLCREST DR., #703
HOLLYWOOD FL 330211.1 TITLE ☐ Change ☐ Addition

NAME

1.2 NAME

STREET ADDRESS

1.3 STREET ADDRESS

CITY - ST - ZIP

1.4 CITY - ST - ZIP

CITY - ST - ZIP

TITLE ☐ DELETETD
LIFSCHIN, SAMUEL
919 HILLCREST DR., #412
HOLLYWOOD FL 330212.1 TITLE ☐ Change ☐ Addition

NAME

2.2 NAME

STREET ADDRESS

2.3 STREET ADDRESS

CITY - ST - ZIP

2.4 CITY - ST - ZIP

CITY - ST - ZIP

TITLE ☐ DELETED
CHIZNER, SYBIL
919 HILLCREST DR., #503
HOLLYWOOD FL 330213.1 TITLE ☐ Change ☐ Addition

NAME

3.2 NAME

STREET ADDRESS

3.3 STREET ADDRESS

CITY - ST - ZIP

3.4 CITY - ST - ZIP

CITY - ST - ZIP

TITLE ☐ DELETEVD
LOTTER, PHILLIP
919 HILLCREST DR., #715
HOLLYWOOD FL 330214.1 TITLE ☐ Change ☐ Addition

NAME

4.2 NAME

STREET ADDRESS

4.3 STREET ADDRESS

CITY - ST - ZIP

4.4 CITY - ST - ZIP

CITY - ST - ZIP

TITLE ☐ DELETED
SCHWARTZ, ELWOOD
919 HILLCREST DR., #308
HOLLYWOOD FL 330215.1 TITLE ☐ Change ☐ Addition

NAME

5.2 NAME

STREET ADDRESS

5.3 STREET ADDRESS

CITY - ST - ZIP

5.4 CITY - ST - ZIP

CITY - ST - ZIP

TITLE ☐ DELETEPD
SADOWSKY, SAMMUEL
919 HILLCREST DR., #208
HOLLYWOOD FL6.1 TITLE ☐ Change ☐ Addition

NAME

6.2 NAME

STREET ADDRESS

6.3 STREET ADDRESS

CITY - ST - ZIP

6.4 CITY - ST - ZIP

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 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

SAMDOWSKY PRES.

Date

1/9/97

Daytime Phone # 0021641

954-963-3204

CP2E037 (9/96)