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Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90170 046 ****61.25

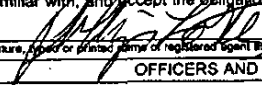
NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 757157 1. Corporation Name HILLCREST EAST NO. 20 INC.					
Principal Place of Business HILLCREST EAST # 20, INC. CONDO OFFICE HOLLYWOOD FL 33021			Mailing Address 919 HILLCREST DRIVE CONDO OFFICE HOLLYWOOD FL 33021		



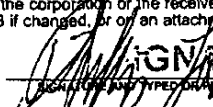
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		04/27/1981	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2141470	
24 Country		29 Country		30 Country	
25		29		30	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Election Campaign Financing ☐				\$5.00 May Be Added to Fees	

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 PHILLIP LOTTER			
				82 Street Address (P.O. Box Number is Not Acceptable) 919 HILLCREST DRIVE # 715			
				83			
				84 City Hollywood FL 85 Zip Code 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		DATE	
			
(NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D ☐ DELETE NAME WEISER, LOUIS STREET ADDRESS 919 HILLCREST DR., #703 CITY-ST-ZIP HOLLYWOOD FL 33021		1.1 TITLE D ☐ Change ☒ Addition 1.2 NAME MILTON SUSSMAN 1.3 STREET ADDRESS 919 HILLCREST DRIVE # 701 1.4 CITY-ST-ZIP Hollywood FL 33021	
TITLE TD ☒ DELETE NAME LIFSCHIN, SAMUEL STREET ADDRESS 919 HILLCREST DR., #412 CITY-ST-ZIP HOLLYWOOD FL 33021		2.1 TITLE ☐ Change ☐ Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE D ☐ DELETE NAME CHIZNER, SYBIL STREET ADDRESS 919 HILLCREST DR. #503 CITY-ST-ZIP HOLLYWOOD FL 33021		3.1 TITLE ☐ Change ☐ Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE VD ☐ DELETE NAME LOTTER, PHILLIP STREET ADDRESS 919 HILLCREST DR #715 CITY-ST-ZIP HOLLYWOOD FL 33021		4.1 TITLE ☐ Change ☐ Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE D ☐ DELETE NAME SCHWARTZ, ELWOOD STREET ADDRESS 919 HILLCREST DR., #308 CITY-ST-ZIP HOLLYWOOD FL 33021		5.1 TITLE ☐ Change ☐ Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE PD ☐ DELETE NAME SADOWSKY, SAMMUEL STREET ADDRESS 919 HILLCREST DR., #208 CITY-ST-ZIP HOLLYWOOD FL		6.1 TITLE ☐ Change ☐ 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 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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/99 954 963-3203

Date

Daytime Phone #

CR2E037 (1/98)