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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	Mailing Address
HILLCREST EAST # 20. INC. CONDO OFFICE HOLLYWOOD FL 33021	919 HILLCREST DRIVE CONDO OFFICE HOLLYWOOD FL 33021

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

3. Date Incorporated or Qualified: 04/27/1981
4. FEI Number: 59-2141470 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent
LIFSCHIN, SAMUEL
919 HILLCREST DR., #412
HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent
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 ______ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		
TITLE	D	☐ DELETE
NAME	WEISER, LOUIS	
STREET ADDRESS	919 HILLCREST DR., #703	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	TD	☒ DELETE
NAME	LIFSCHIN, SAMUEL	
STREET ADDRESS	919 HILLCREST DR. #412	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	D	☐ DELETE
NAME	CHIZNER, SYBIL	
STREET ADDRESS	919 HILLCREST DR. #503	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	VD	☐ DELETE
NAME	LOTTER, PHILLIP	
STREET ADDRESS	919 HILLCREST DR #715	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	D	☐ DELETE
NAME	SCHWARTZ, ELWOOD	
STREET ADDRESS	919 HILLCREST DR., #308	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	PD	☐ DELETE
NAME	SADOWSKY, SAMMUEL	
STREET ADDRESS	919 HILLCREST DR., #208	
CITY-ST-ZIP	HOLLYWOOD FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
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	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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 REQUIRED 3/12/99 954 963-3203
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #