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**Feb 16 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morand Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N48487 (5)
1. Corporation Name
HILLCREST CONDOMINIUM NO. 1, INC.



Principal Place of Business 5200 WASHINGTON ST HOLLYWOOD FL 33021	Mailing Address 5200 WASHINGTON ST HOLLYWOOD FL 33021
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3. Date Incorporated or Qualified 04/20/1992	
4. FEI Number 65-0383857	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
6. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**RIENFIELD, MILDRED
5200 WASHINGTON ST
HOLLYWOOD FL 33021**

10. Name and Address of New Registered Agent

81 Name PETERS, LAWRENCE
82 Street Address (P.O. Box Number is Not Acceptable) 5200 WASHINGTON ST
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: *L. Peters* (**L. PETERS**) **Feb 7, 1998**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	REINFIELD, MILDRED	
STREET ADDRESS	5200 WASHINGTON ST	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	ETHEL, KIRBY	
STREET ADDRESS	5200 WASHINGTON ST	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BERNARD SIEGEL	
STREET ADDRESS	5200 WASHINGTON ST	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SARA PRITZKER	
STREET ADDRESS	5200 WASHINGTON ST	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	HARRY RZISKOTT	
STREET ADDRESS	5200 WASHINGTON ST	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	PETERS, LAWRENCE	
1.3 STREET ADDRESS	5200 WASHINGTON ST	
1.4 CITY-ST-ZIP	HOLLYWOOD FL	
2.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SEIGEL, BERNARD	
2.3 STREET ADDRESS	5200 WASHINGTON ST	
2.4 CITY-ST-ZIP	HOLLYWOOD FL	
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	REISEKOFF, HARRY	
3.3 STREET ADDRESS	5200 WASHINGTON ST	
3.4 CITY-ST-ZIP	HOLLYWOOD FL	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	ISOLIND, DELIA	
4.3 STREET ADDRESS	5200 WASHINGTON ST	
4.4 CITY-ST-ZIP	HOLLYWOOD FL	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	DOZOIS, JEAN-PAUL	
5.3 STREET ADDRESS	5200 WASHINGTON ST	
5.4 CITY-ST-ZIP	HOLLYWOOD FL	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 an attachment with an address.

SIGNATURE: *L. Peters* (**L. PETERS**) **Feb 7/1998 954-983-9318**

CR2E037 (10/97)