

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90014 023 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P39814

1. Corporation Name
HILCOAST DEVELOPMENT CORP.



Principal Place of Business 19146 LYONS ROAD BOCA RATON FL 33434 US	Mailing Address 19146 LYONS ROAD BOCA RATON FL 33434 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 100 Century Blvd. Suite, Apt. #, etc.		2a. Mailing Address 26 100 Century Blvd. Suite, Apt. #, etc.		3. Date Incorporated or Qualified 07/28/1992	
22 City & State 23 West Palm Beach, FL		27 City & State 28 West Palm Beach, FL		4. FEI Number 65-0346040 Applied For <input type="checkbox"/> Not Applicable	
24 33417		29 33417		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25		30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 33417		29 33417		8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent JAIVEN, JACK 19146 LYONS ROAD BOCA RATON FL 33434				10. Name and Address of New Registered Agent			
				81 Name Mary Jane Merola			
				82 Street Address (P.O. Box Number is Not Acceptable) 100 Century Blvd.			
				83			
				84 City West Palm Beach, FL			
				85 Zip Code 33417			

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *Mary Jane Merola* **Mary Jane Merola, Agent** **4-12-99**
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	CP	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEVY, H. IRWIN			1.2 NAME			
STREET ADDRESS	100 CENTURY BLVD			1.3 STREET ADDRESS			
CITY-ST-ZIP	WEST PALM BEACH FL			1.4 CITY-ST-ZIP			
TITLE	DS	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEVY, MARK F			2.2 NAME			
STREET ADDRESS	100 CENTURY BLVD			2.3 STREET ADDRESS			
CITY-ST-ZIP	WEST PALM BCH FL			2.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PESECKIS, LYNN			3.2 NAME			
STREET ADDRESS	100 CENTURY BLVD			3.3 STREET ADDRESS			
CITY-ST-ZIP	WEST PALM BEACH FL 33417			3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HALPERIN, MAURICE			4.2 NAME			
STREET ADDRESS	100 CENTURY BLVD			4.3 STREET ADDRESS			
CITY-ST-ZIP	W PALM BCH FL			4.4 CITY-ST-ZIP			
TITLE	DV	<input type="checkbox"/> DELETE		5.1 TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HAPERIN, BARRY			5.2 NAME	Halperin, Barry		
STREET ADDRESS	100 CENTURY BLVD			5.3 STREET ADDRESS	100 Century Blvd.		
CITY-ST-ZIP	W PALM BCH FL			5.4 CITY-ST-ZIP	West Palm Beach, FL 33417		
TITLE	T	<input type="checkbox"/> DELETE		6.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JAIVEN, JACK			6.2 NAME	Jaiven, Jack		
STREET ADDRESS	19146 LYONS ROAD			6.3 STREET ADDRESS	100 Century Blvd.		
CITY-ST-ZIP	BOCA RATON FL 33434			6.4 CITY-ST-ZIP	West Palm Beach, FL 33417		

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 607, 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: *Mark F Levy* **Mark F Levy, Director** **4/5/99** (561) 640-3105
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (1/98)

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