

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED
AND
FILED

1

1997 OCT -2 AM 2: 20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 168914 (0)
 1. Corporation Name
 HILLCREST LODGE, INC.



Principal Place of Business: HILLCREST HEIGHTS POST OFFICE BOX 67 241 Palm AVE BABSON PARK FL 33827

Mailing Address: HILLCREST HEIGHTS POST OFFICE BOX 67 241 PALM AVE BABSON PARK FL 33827

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 241 Palm AVE, Suite, Apt. #, etc.

2a. Mailing Address: 26 241 Palm AVE, Suite, Apt. #, etc.

22 City & State: 23 Babson Park FL

28 City & State: 28 Babson Park, FL

24 Zip: 24 33827, Country: 25 POIK

29 Zip: 29 33827, Country: 30 POKE

3. Date Incorporated or Qualified: 05/05/1952

3a. Date of Last Report: 01/24/1996

4. FEI Number: 59-0703068

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent: WETZEL, ROBERT H. OAK STREET BABSON PARK FL

81 Name: ALBERTA R. SEVERIN

82 Street Address (P.O. Box Number is Not Acceptable): 241 Palm AVE

83

84 City: Babson Park, FL

85 Zip Code: 33827

10. Name and Address of New Registered Agent

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: Albert R. Severin

12. OFFICERS AND DIRECTORS

TITLE	P	WETZEL, ROBERT H	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS		OAK STREET	
CITY - ST - ZIP		BABSON PARK FL	
TITLE	D	WETZEL, MARTHA F	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS		OAK STREET	
CITY - ST - ZIP		BABSON PARK FL	
TITLE	D	WETZEL, ROBERT H	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS		OAK STREET	
CITY - ST - ZIP		BABSON PARK FL	
TITLE			<input type="checkbox"/> DELETE
STREET ADDRESS			
CITY - ST - ZIP			
TITLE			<input type="checkbox"/> DELETE
STREET ADDRESS			
CITY - ST - ZIP			
TITLE			<input type="checkbox"/> DELETE
STREET ADDRESS			
CITY - ST - ZIP			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	John E. SEVERIN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	John E. SEVERIN	
1.3 STREET ADDRESS	241 Palm AVE	
1.4 CITY - ST - ZIP	BABSON PARK, Florida 33827	
2.1 TITLE	D ALBERTA R SEVERIN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ALBERTA R SEVERIN	
2.3 STREET ADDRESS	241 Palm AVE	
2.4 CITY - ST - ZIP	BABSON PARK, Florida 33827	
3.1 TITLE	D John E. SEVERIN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	John E. SEVERIN	
3.3 STREET ADDRESS	241 Palm AVE	
3.4 CITY - ST - ZIP	BABSON PARK Florida 33827	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	300002313273--8	
4.4 CITY - ST - ZIP	-10/06/97--01168--012	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS	****165.00	
5.4 CITY - ST - ZIP	****165.00	
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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Albert R. Severin

2-26-97 941 6381712

CR2E034 (4/97)

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Hillcrest Lodge

241 Palm Avenue
Babson Park, Florida

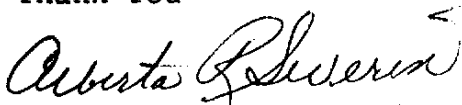
33827

September 29, 1997

Dear Sir

I mailed this annual Report in on February 26, 1997 and have not received my check back or any other information from you. I spoke with a gentleman and he suggested I mail a new form in to reinstate this corporation. I am reissuing a new check for the same \$165.00. Any more information please feel free to call me.

Thank You



Alberta R. Severin
Hillcrest Lodge Inc.
241 Palm Ave
Babson Park, Florida 33827