FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 PM 2:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 205004 (5)

1. Corporation Name
HILLSBORO MILE OCEAN APARTMENTS SECTION 4, INC.

Principal Place of Business	Mailing Address
1039 HILLSBORO MILE POMPANO BEACH FL 33062	1039 HILLSBORO MILE POMPANO BEACH FL 33062

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/12/1957
3a. Date of Last Report: 05/01/1994

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)

4. FEI Number: 59-1000923 ☐ 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
8. This Corporation has liability for intangible tax under § 199.032 Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

STENGEL, WILLIAM F
1039 HILLSBORO MILE
APT. 16
POMPANO BEACH FL 33062

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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: _____ (Signature, Typed or Printed Name of Registered Agent and the Future Date) (NOTE: Registered Agent's signature is required; all other signatures optional) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	~~PD~~	11 TITLE	☒ Change ☐ Addition
NAME	~~ROGERS, FRED V~~	12 NAME	PD
STREET ADDRESS	~~1039 HILLSBORO MILE, #4~~	13 STREET ADDRESS	Landry, Joseph
CITY ST ZIP	~~POMPANO BEACH FL 33062~~	14 CITY ST ZIP	1039 Hillsboro Mile. #24 Hillsboro Beach, FF 33062
TITLE	VD	21 TITLE	☒ Change ☐ Addition
NAME	STENGEL, WILLIAM F	22 NAME	
STREET ADDRESS	1039 HILLSBORO MILE, #16	23 STREET ADDRESS	
CITY ST ZIP	POMPANO BEACH FL 33062	24 CITY ST ZIP	
TITLE	~~SD~~	31 TITLE	☒ Change ☐ Addition
NAME	~~KENYON, VERNA~~	32 NAME	SD
STREET ADDRESS	~~1039 HILLSBORO MILE, #3~~	33 STREET ADDRESS	Morrell, Rita
CITY ST ZIP	~~POMPANO BEACH FL 33062~~	34 CITY ST ZIP	1039 Hillsboro Mile, #9 Hillsboro Beach, FL 33062
TITLE	~~TD~~	41 TITLE	☒ Change ☐ Addition
NAME	~~MORRELL, RITA~~	42 NAME	TD
STREET ADDRESS	~~1039 HILLSBORO MILE, #9~~	43 STREET ADDRESS	Drake, Jesse
CITY ST ZIP	~~POMPANO BEACH FL 33062~~	44 CITY ST ZIP	1039 Hillsboro Mile, #19 Hillsboro Beach, FL 33062
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I (we) hereby certify that the information supplied with this filing is voluntarily furnished and 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: William F Stengel 4/28/95 (305)972-6450
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Daytime Phone)
William F. Stengel

0104A01 CP