


FILE NOW: FILING FEE IS \$61.25

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May 10, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 704775

1. Corporation Name

HILLSBORO-IMPERIAL APARTMENTS, INC.

Principal Place of Business
1199 HILLSBORO MILE A1A
HILLSBORO BEACH FL 33062-1508

Mailing Address
1199 HILLSBORO MILE A1A
HILLSBORO BEACH FL 33062-1508



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		11/06/1962	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-1004326	
24 Country		29 Country		30	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For	
				Not Applicable	
6. Election Campaign Financing <input type="checkbox"/>				Trust Fund Contribution	
				\$8.75 Additional Fee Required	
				\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

BECKER & POLIAKOFF, P.A.
3111 STIRLING ROAD
FT. LAUDERDALE FL 33312

10. Name and Address of New Registered Agent

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

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	SCHNELKER
NAME	SCHNELKER, DIANE	1.2 NAME	"Apt #120"
STREET ADDRESS	1198 HILLSBORO MILE	1.3 STREET ADDRESS	
CITY-ST-ZIP	HILLSBORO BEACH FL	1.4 CITY-ST-ZIP	ZIP 33062
TITLE	D	2.1 TITLE	SECRETARY
NAME	CLARKE, MARY ANN	2.2 NAME	CLARICE
STREET ADDRESS	1199 HILLSBORO	2.3 STREET ADDRESS	"Apt #235"
CITY-ST-ZIP	HILLSBORO BEACH FL 33062	2.4 CITY-ST-ZIP	ZIP 33062
TITLE	VPT	3.1 TITLE	PRESIDENT
NAME	LORENTZEN, MAUDE	3.2 NAME	LORENTZEN
STREET ADDRESS	1198 HILLSBORO MILE	3.3 STREET ADDRESS	Apt #214
CITY-ST-ZIP	HILLSBORO BEACH FL	3.4 CITY-ST-ZIP	ZIP 33062
TITLE	P	4.1 TITLE	DIRECTOR
NAME	PORTER, DON	4.2 NAME	FIELD, MAXINE
STREET ADDRESS	1199 HILLSBORO MILE	4.3 STREET ADDRESS	1199 HILLSBORO MILE #319
CITY-ST-ZIP	HILLSBORO BEACH FL	4.4 CITY-ST-ZIP	Hillsboro Beach FL 33062
TITLE	S	5.1 TITLE	Treasurer
NAME	CURTIS, DWAIN	5.2 NAME	Curtis
STREET ADDRESS	1198 HILLSBORO MILE	5.3 STREET ADDRESS	Apt #114
CITY-ST-ZIP	HILLSBORO BEACH FL	5.4 CITY-ST-ZIP	ZIP 33062
TITLE	D	6.1 TITLE	VICE PRESIDENT
NAME	DESORMEAUX, CLAUDE	6.2 NAME	DESORMEAUX
STREET ADDRESS	1199 HILLSBORO MILE	6.3 STREET ADDRESS	Apt #331
CITY-ST-ZIP	HILLSBORO BCH FL	6.4 CITY-ST-ZIP	ZIP 33062

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:

Maudie M. Lorentzen
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/5/99

954-427-2041

CR2E037 (11/98)