


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 02, 1999 8:00 am**  
**Secretary of State**

03-02-1999 90084 024 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 705175**

1. Corporation Name

**HIBISCUS TERRACE, INC.**

Principal Place of Business  
2400 N E 36TH ST  
LIGHTHOUSE POINT FL 33064

Mailing Address  
2400 N E 36TH ST  
LIGHTHOUSE POINT FL 33064



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>02/08/1963</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>NOT APPLICABLE</b>	
22	City & State	27	City & State	Applied For Not Applicable	
23	Zip	28	Zip	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
24	Country	29	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>SULLIVAN, ROBERT M. JR.</b> <b>2400 NE 36TH ST #4</b> <b>LIGHTHOUSE POINT FL 33064</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 *Robert M. Sullivan Jr.*  
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	PD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	SULLIVAN, ROBERT M. JR.			1.2 NAME			
STREET ADDRESS	2400 NE 36TH ST #4			1.3 STREET ADDRESS			
CITY-ST-ZIP	LIGHTHOUSE PT, FL 00000 33064			1.4 CITY-ST-ZIP			
TITLE	VTD	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	DIXON, THOMAS M.			2.2 NAME			
STREET ADDRESS	2400 NE 36TH ST #3			2.3 STREET ADDRESS			
CITY-ST-ZIP	LIGHTHOUSE PT, FL 00000 33064			2.4 CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> DELETE		3.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	THORPE, PHYLLIS			3.2 NAME			
STREET ADDRESS	2400 NE 36TH ST. APT. 1			3.3 STREET ADDRESS			
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064			3.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	FRASCELL, RUTH			4.2 NAME			
STREET ADDRESS	2400 NE 36TH ST #5			4.3 STREET ADDRESS			
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	BEABOIS, PIERRE			5.2 NAME			
STREET ADDRESS	2400 NE 36TH ST #10			5.3 STREET ADDRESS			
CITY-ST-ZIP	LIGHTHOUSE PT. FL 33064			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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 on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Robert M. Sullivan Jr.* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)