

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION ANNUAL REPORT 1995



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

APPROVED AND FILED

95 MAY -1 AM 11:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 708146 (6)
1. Corporation Name
HILLSBORO COLONNADE, INC.

Principal Place of Business Mailing Address
1161-A1A HILLSBORO BEACH FL 33062 **1161-A1A HILLSBORO BEACH FL 33062**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/23/1964	3a. Date of Last Report 06/21/1994
4. FEI Number 59-1167815	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 189.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29

9. Name and Address of Current Registered Agent
**POLIAKOFF, GARY 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)
83
84 City
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT ASVESTAS, DAVID 1161 HILLSBORO MILE HILLSBORO BCH. FL	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP	D PETER VENTURA 1161 HILLSBORO MILE HILLSBORO BCH FL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD KIMLING, JAMES 1161 OCEAN BLVD. HILLSBORO BCH. FL	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY - ST - ZIP	S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GRANT, LORRAINE 1161 OCEAN BLVD. HILLSBORO BCH. FL	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY - ST - ZIP	D HOWARD HENNING 1161 HILLSBORO MILE HILLSBORO BCH FL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CAMPBELL, W.C. 1161 OCEAN BLVD. HILLSBORO BCH. FL	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY - ST - ZIP	D WALTER DEAN 1161 HILLSBORO MILE HILLSBORO BCH FL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WILLIAMS, SCOTT 1161 OCEAN BLVD. HILLSBORO BCH. FL	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D REMIAN, WALTER 1161 OCEAN BLVD. HILLSBORO BCH. FL	61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY - ST - ZIP	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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.

SIGNATURE: Walter R. Remian 4/27/95 305 428-2610
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
WALTER REMIAN, PRESIDENT-DIRECTOR

HILLSBORO COLONADE, INC.

78846

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ADDITIONAL DIRECTOR:

PRATT, WILFRED
1161 HILLSBORO MILE
HILLSBORO BEACH, FL

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