

FILE NOW: FILING FEE IS \$61.25

FILED

**Jan 30 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 748510 (5)
1. Corporation Name
HILLCREST EAST NO. 27 INC.



Principal Place of Business 3850 WASHINGTON STREET HOLLYWOOD FL 33021	Mailing Address 3850 WASHINGTON STREET HOLLYWOOD FL 33021
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3. Date Incorporated or Qualified
08/13/1979

4. FEI Number 59-2000168	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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

7. Is this nonprofit corporation a homeowners association?
 Yes No

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

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

**WIENER, HELEN
3850 WASHINGTON ST
HOLLYWOOD FL 33021**

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
			FL	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	WEINER, SEYMOUR	
STREET ADDRESS	3850 WASHINGTON ST	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	BROCK, DAN	
STREET ADDRESS	3850 WASHINGTON STREET	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	KLEINMAN, PAUL	
STREET ADDRESS	3850 WASHINGTON STREET	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	SDF	<input type="checkbox"/> DELETE
NAME	ZELNICK, MAX	
STREET ADDRESS	3850 WASHINGTON STREET	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	PDF	<input type="checkbox"/> DELETE
NAME	WIENER, HELEN	
STREET ADDRESS	3850 WASHINGTON STREET	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	HAAS, MEL	
STREET ADDRESS	3850 WASHINGTON STREET	
CITY-ST-ZIP	HOLLYWOOD FL 33021	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	EARL GLICKEN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	3850 WASHINGTON ST	
1.3 STREET ADDRESS	HOLLYWOOD, FL 33021	
1.4 CITY-ST-ZIP		
2.1 TITLE	DR. PHILIP STRAX	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	3850 WASHINGTON ST	
2.3 STREET ADDRESS	HOLLYWOOD, FL 33021	
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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 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.

SIGNATURE: *[Signature]* **REQUIRED**

CR2E037 (10/97)