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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P19382

(1)

HILLTOP TOWNHOMES, INC.

FILED Mar 28 1997 8:00am Secretary of State

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	ice of Business	Mailing Addr	655						
B251 MARYLA	AND	8251 MARYLA	AND						
SUITE 10 ST. LOUIS MO 63105-3653 US		SUITE 10	SUITE 10 St. Louis Mo 63105-3653 US						
					3. Date Incorporated or Qualified	d 3a . Da	le of Last i	Report	
						05/25/1988	05/0	1/1996	
2. Principal	Prace of Business	2a. Mailing A	ddress			4. FEI Number		A	pplied For
21		26				43-1456781			lot Applicable
— Suite Ap	! #, e tc	Suite, Apt	t. #, etc.			5. Certificate of Status Desired			Additional
22		27		·····					lequired
City & 56	ett.	City & Sta	ate			6. Election Campaign Financing Trust Fund Contribution	<u></u>		May Be
23 Zip	Country	28] Zip		Country					I to Fees
24	25	29		30		This corporation has liability for Florida Statutes	Yes		s. 199.032,
24	9. Name and Address of C		nt	1301	······································	10. Name and Address of New I	#		
TH	IE PRENTICE-HALL CORPORA			81	Name				
	01 HAYS STREET	Allon Ololemi kio.	•						
	JITE 105			82	Street Add	dress (P.O. Box Number is Not Accept	(able)		
	LLAHASSEE FL 32301			83	***************************************				
,,,	LES WOOLE I'L OLOGI				·				
				84	City		FL	85 Zip	Code
11. Pursuar	it to the provisions of Sections 60	7.0502 and 607.1508 F	lorida Statuti	es, the above	e-named cor	poration submits this statement for the		changing	its registered
SIGNATURE	Supporture typical or promord name of register		(NOT)	<u>.</u>	ent signature requ	ired when reinstating)	COATE	DIDECTO	DC IN 12
12.	Signature typical or printed name of registe OFFICER	S AND DIRECTORS		13.	ent signature requ	uired when reinstating) ADDITIONS/CHANGES TO OFF			
12.	Separation specifies present name of register OFFICER PD	S AND DIRECTORS	(NOT)	13. 1.1 T(TLE	ent signature requ			DIRECTO Change	
12. DUE NAME	OFFICER PD MEDVE, JAKOB	S AND DIRECTORS		13. 1.1 TITLE 1.2 NAME					
12. DDE NAME STREET APORES	OFFICER PD MEDVE, JAKOB 8251 MARYLAND, SUITE	S AND DIRECTORS		13. 1.1 TITLE 1.2 NAME 1.3 STREET	ADDRESS				RS IN 12
12. DDE NAME	OFFICER PD MEDVE, JAKOB	S AND DIRECTORS L		13. 1.1 TITLE 1.2 NAME	ADDRESS		FICERS AND		Addition
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4. I do hereby certify that the information supplied with this filing does of 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 suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 originged, oxon an attachmost with an address.

SIGNATURE:

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

13/19/97