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Jan 24 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000094068 (0)

1. Corporation Name
HILLCREST HOMES OF LAKE DAVENPORT, INC.



Principal Place of Business
WALLSTATE BUILDERS INC.
5040 W. WILCO-BRONSON HWY.
KISSIMMEE FL 34746

Mailing Address
WALLSTATE BUILDERS INC.
5040 W. WILCO-BRONSON HWY.
KISSIMMEE FL 34746-5343

3. Date Incorporated or Qualified 12/12/1995
3a. Date of Last Report 04/24/1996

2. Principal Place of Business
21 7575 DR. PHILLIPS BLVD
Suite, Apt. #, etc

2a. Mailing Address
26 7575 DR. PHILLIPS BLVD.
Suite, Apt. #, etc

22 SUITE 330
City & State

27 SUITE 330
City & State

23 ORLANDO FL
Zip Country

28 ORLANDO FL
Zip Country

24 32819 25 USA

29 32819 30 USA

4. FEI Number 65-0634607
Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STEVEN M. MEYERS, P.A.
ONE BISCAVNE TOWER, SUITE 3550
TWO SOUTH BISCAVNE BLVD.
MIAMI FL 33131

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 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: 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 DS
NAME MEYERS, HILLEL A
STREET ADDRESS 4875 PINE TREE DRIVE
CITY-ST-ZIP MIAMI BEACH FL 33140

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE DV
NAME MEYERS, NEIL S
STREET ADDRESS 5001 LAKE CECILE DRIVE
CITY-ST-ZIP KISSIMMEE FL 34746

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE DVT
NAME SKORMAN, MARC
STREET ADDRESS 2843 S. BAYSHORE DRIVE, #14D
CITY-ST-ZIP COCONUT GROVE FL 33133

3.1 TITLE DP
3.2 NAME SKORMAN, MARC
3.3 STREET ADDRESS 9720 LAKE ISLEWORTH COURT
3.4 CITY-ST-ZIP WINDERMERE FL 34786

TITLE DP
NAME SKORMAN, KEVIN
STREET ADDRESS 2843 S. BAYSHORE DRIVE, #14D
CITY-ST-ZIP COCONUT GROVE FL 33133

4.1 TITLE DP
4.2 NAME SKORMAN KEVIN
4.3 STREET ADDRESS 9720 LAKE ISLEWORTH COURT
4.4 CITY-ST-ZIP WINDERMERE FL 34786

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [Signature] PRESIDENT 1/15/97 (402) 351-8899
DATE DAYTIME PHONE #

CR2E034 (9/96)