


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2008 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # P96000073241 1. Entity Name HILLCREST/59 APARTMENTS, INC. |  |
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|---|--|
| Principal Place of Business 3033 NW 63 SUITE 155 OKLAHOMA CITY, OK 73116 | Mailing Address 3033 NW 63 SUITE 155 OKLAHOMA CITY, OK 73116 US |
|---|--|



01172008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|---|-----------------------------------|
| 4. FEI Number 65-0701603 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

CIKLIN, ALN J
515 FLAGLER
18TH FLOOR
WEST PALM BEACH, FL 33401

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PRES SHARPE, WILLIAM L 3033 NW 63 - SUITE 155 OKLAHOMA CITY, OK 73003 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SEC NAIFEH, FRANK E 3033 NW 63 - SUITE 160 OKLAHOMA CITY, OK 73116 |
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05/28/08-80024-010 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/08 (405) 848-5631
Date Decline Phone #