

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000099025

1. Corporation Name

HILLCREST/FRANKEL GOLF PARTNERS, INC.

Principal Place of Business

Mailing Address

200 ADMIRALS COVE BOULEVARD
JUPITER FL 33477

200 ADMIRALS COVE BOULEVARD
JUPITER FL 33477

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

HYMAN, SHERRY L
200 ADMIRALS COVE BOULEVARD
JUPITER FL 33477

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 as applicable

(NOTE: To print, type, or print name of registered agent, see Block 12.)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	[] DELETE
NAME	FRANKEL, BENJAMIN	
STREET ADDRESS	200 ADMIRALS COVE BOULEVARD	
CITY-ST-ZIP	JUPITER FL 33477	
TITLE	D	[] DELETE
NAME	FRANKEL, THOMAS	
STREET ADDRESS	200 ADMIRALS COVE BOULEVARD	
CITY-ST-ZIP	JUPITER FL 33477	
TITLE	D	[] DELETE
NAME	HYMAN, SHERRY L	
STREET ADDRESS	200 ADMIRALS COVE BOULEVARD	
CITY-ST-ZIP	JUPITER FL 33477	
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	[] Change [] Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	[] Change [] Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	[] Change [] Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	[] Change [] Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	[] Change [] Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	[] Change [] Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

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3-26-99

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(a), 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, with all other like empowered.

SIGNATURE:

Thomas Frankel, 561-744-1700 1/27/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0357894

CR2E034 (1/1/98)