

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR -7 AM 11:20

DOCUMENT # S10781 (0)

1. Corporation Name
HICKORY RIDGE APARTMENT CORPORATION

Principal Place of Business 1500 S. OCEAN BLVD. UNIT #403 BOCA RATON FL 33432	Mailing Address 1500 S. OCEAN BLVD. UNIT #403 BOCA RATON FL 33432
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DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 11/02/1990	3a. Date of Last Report 09/26/1994
4. FEI Number 65-0236597	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent ROSTOFF, HARIETT 1500 S. OCEAN BLVD. UNIT #403 BOCA RATON FL 33432		10. Name and Address of New Registered Agent	
		B1	Name
		B2	Street Address (P.O. Box Number is Not Acceptable)
		B3	
		B4	City
		FL	B5 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	ROSTOFF, DAVID R. 1500 S. OCEAN BLVD., UNIT 403 BOCA RATON FL 33432	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D	ROSTOFF, HARRIETT 1500 S. OCEAN BLVD., UNIT 403 BOCA RATON FL 44342	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D	HARRIS, JAMES T. #7 JOYCE ROAD PEABODY MA 01960	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D	LEVY, STEWART R. 230 BOYLSTON ST. CHESTNUT HILL MA	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: *Harriett Rostoff* 3/29/95 4073956269
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR (Note: Registered Agent signature required when re-registering)