

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

CORPORATION
ANNUAL REPORT
1995



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

**APPROVED
AND
FILED**

95 APR 17 AM 9:14

DOCUMENT #

1. Corporation Name
HCF REALTY, INC 844536 (3)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000001459130
-04/18/95--01081--005
***200.00 ***200.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
**100 Maple Park Blvd., Ste 106 100 Maple Park Blvd.,
St. Clair Shores, MI 48081 Ste 106
St. Clair Shores, MI 48081**

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

3. Date Incorporated or Qualified	3a. Date of Last Report
11/6/79	2/1/94
4. FEI Number	Applied For
95-1455045	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes	Yes <input type="checkbox"/> No <input type="checkbox"/>

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324	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 _____ DATE _____
Signature typed or printed name of registered agent (not file # applicable) (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P/T/D/ FRUEHAUF, HARVEY C., JR.	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	100 MAPLE PARK BLVD #106	1.2 NAME	
STREET ADDRESS	ST. CLAIR SHORES MI 48081	1.3 STREET ADDRESS	
CITY, ST, ZIP		1.4 CITY, ST, ZIP	
TITLE	S/D KEYDEL, FREDERICK R.	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2211 COMERICA BLDG.	2.2 NAME	
STREET ADDRESS	DETROIT, MI 48226	2.3 STREET ADDRESS	
CITY, ST, ZIP		2.4 CITY, ST, ZIP	
TITLE	V/S WOODS, ELIZABETH J.	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	100 MAPLE PARK BLVD #106	3.2 NAME	
STREET ADDRESS	ST. CLAIR SHORES, MI 48081	3.3 STREET ADDRESS	
CITY, ST, ZIP		3.4 CITY, ST, ZIP	
TITLE	E/V STENGER, PHILIP M.	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	100 MAPLE PARK BLVD #106	4.2 NAME	
STREET ADDRESS	ST. CLAIR SHORES, MI 48081	4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY, ST, ZIP	

4/17/95 MS

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 its 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: *Philip M. Stenger* PHILIP M. STENGER, EXEC. VICE PRES. (810) 774-5130
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 3/27/95