

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **844536** (3)

1. Corporation Name
HCF REALTY, INC.



Principal Place of Business: **100 MAPLE PARK BLVD. STE.106 ST. CLAIR SHORES MI 48081**
Mailing Address: **100 MAPLE PARK BLVD. 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	Zip	Country
24	25	29	30

3. Date Incorporated or Qualified 11/06/1979	3a. Date of Last Report 04/17/1995
4. FEI Number 95-1455045	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	

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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 and title if applicable. (NOTE: Registered Agent's signature required when resigning.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRUEHAUF, HARVEY C., JR.	1.2 NAME	
STREET ADDRESS	100 MAPLE PARK BLVD #106	1.3 STREET ADDRESS	
CITY - ST - ZIP	ST. CLAIR SHORES MI	1.4 CITY - ST - ZIP	
TITLE	SD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEYDEL, FREDERICK R.	2.2 NAME	
STREET ADDRESS	2211 COMERICA BLDG.	2.3 STREET ADDRESS	
CITY - ST - ZIP	DETROIT MI	2.4 CITY - ST - ZIP	
TITLE	VS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOODS, ELIZABETH J.	3.2 NAME	
STREET ADDRESS	100 MAPLE PARK BLVD #106	3.3 STREET ADDRESS	
CITY - ST - ZIP	ST. CLAIR SHORES MI	3.4 CITY - ST - ZIP	
TITLE	EV	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STENGER, PHILIP M.	4.2 NAME	
STREET ADDRESS	100 MAPLE PARK BLV #106	4.3 STREET ADDRESS	
CITY - ST - ZIP	ST CLAIR SHORES MI	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	D
STREET ADDRESS		5.3 STREET ADDRESS	BRISTOL, DAVID A., JR.
CITY - ST - ZIP		5.4 CITY - ST - ZIP	100 Maple Park Blvd., #106 St. Clair Shores, MI 48081
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	

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CITY - ST - ZIP	ST. CLAIR SHORES MI	1.4 CITY - ST - ZIP	
TITLE	SD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY - ST - ZIP	DETROIT MI	2.4 CITY - ST - ZIP	
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STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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 119.07(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: *Philip M. Stenger*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/96 Date 810-774-5130 Daytime Phone #

CR2E034 (12/95)