


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

FILED
Feb 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 844536 (3)

1. Corporation Name
HCF REALTY, INC.



Principal Place of Business 100 MAPLE PARK BLVD. STE.106 ST. CLAIR SHORES MI 48061	Mailing Address 100 MAPLE PARK BLVD. STE.106 ST. CLAIR SHORES MI 48061-2253
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3. Date Incorporated or Qualified 11/06/1979	3a. Date of Last Report 03/26/1996
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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

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	FRUEHAUF, HARVEY C., JR.	
STREET ADDRESS	100 MAPLE PARK BLVD #106	
CITY-ST-ZIP	ST. CLAIR SHORES MI	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	KEYDEL, FREDERICK R.	
STREET ADDRESS	2211 COMERICA BLDG.	
CITY-ST-ZIP	DETROIT MI	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	WOODS, ELIZABETH J.	
STREET ADDRESS	100 MAPLE PARK BLVD #106	
CITY-ST-ZIP	ST. CLAIR SHORES MI	
TITLE	EV	<input type="checkbox"/> DELETE
NAME	STENGER, PHILIP M.	
STREET ADDRESS	100 MAPLE PARK BLV #106	
CITY-ST-ZIP	ST CLAIR SHORES MI	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BRISTOL, DAVID A. JR.	
STREET ADDRESS	100 MAPLE PARK BLVD, SUITE 106	
CITY-ST-ZIP	ST CLAIR SHORES MI	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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* Philip M. Stenger 2/14/97 810-774-5130

CFR2E034 (9/96)