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FILED
Feb 19, 1999 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1999



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

02-19-1999 90045 022 ****150.00

DOCUMENT # 844536

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



DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

11/06/1979

4. FEI Number

95-1455045

Applied For
Not Applicable

5. Certificate of Status Desired

--- \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax.

Yes No

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PTD
NAME FRUEHAUF, HARVEY C., JR.
STREET ADDRESS 100 MAPLE PARK BLVD #106
CITY-ST-ZIP ST. CLAIR SHORES MI

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE SD
NAME KEYDEL, FREDERICK R.
STREET ADDRESS 2211 COMERICA BLDG.
CITY-ST-ZIP DETROIT MI

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE VS
NAME WOODS, ELIZABETH J.
STREET ADDRESS 100 MAPLE PARK BLVD #106
CITY-ST-ZIP ST. CLAIR SHORES MI

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE EV
NAME STENGER, PHILIP M.
STREET ADDRESS 100 MAPLE PARK BLV #106
CITY-ST-ZIP ST CLAIR SHORES MI

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D
NAME BRISTOL, DAVID A. JR.
STREET ADDRESS 100 MAPLE PARK BLVD, SUITE 106
CITY-ST-ZIP ST CLAIR SHORES MI

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

CR2E034 (11/98)

14. I 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, with all other like empowered.

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

1/28/99

810-774-5130

Date Daytime Phone #