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Mar 13 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # H28272

(3)

1. Corporation Name
HICKOCK REALTY CORP.



Principal Place of Business
% WILLIAM COONS
5362 COMPASS COVE PLACE
FT. PIERCE FL 34949

Mailing Address
% WILLIAM COONS
5362 COMPASS COVE PLACE
FT. PIERCE FL 34949-8411

3. Date Incorporated or Qualified 11/01/1984	3a. Date of Last Report 03/11/1996
4. FEI Number NOT APPLICABLE	Applied For 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 checked="" type="checkbox"/> No	

2. Principal Place of Business
21. 1101 North Pierce Fwy
22. City & State
23. Zip Country
24. 25

2a. Mailing Address
26. 5362 Compass Cove Place
27. City & State
28. Zip Country
29. 30

9. Name and Address of Current Registered Agent

SMITH, DELAVAN
ROUTE 1 BOX 744-50
MOORE HAVEN FL 33471

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

11. Pursuant to the provisions of Sections 607.0502 and 607.1908, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent 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 and undertake to and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ (REG. Agent's signature required when re-registering) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COONS, WILLIAM	1.2 NAME	
STREET ADDRESS	5101 NORTH A1A	1.3 STREET ADDRESS	
CITY-STATE-ZIP	FT. PIERCE FL	1.4 CITY-ST-ZIP	
TITLE	DS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COONS, THOMAS	2.2 NAME	
STREET ADDRESS	RT 44 BOX 232	2.3 STREET ADDRESS	
CITY-STATE-ZIP	MILLERTON NY	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAK, DEBORAH	3.2 NAME	
STREET ADDRESS	RT 44 BOX 232	3.3 STREET ADDRESS	
CITY-STATE-ZIP	MILLERTON NY	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-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-STATE-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-STATE-ZIP		6.4 CITY-ST-ZIP	

14. I certify and represent 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 included 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 13, or in 13 if changed, or on an attachment with an address.

SIGNATURE: *William Coons Pres* 3-10-97 1109 464-2547
SIGNATURE AND TYPE (OR PRINTED NAME) OF SIGNING OFFICER OR DIRECTOR DATE (MM/DD/YY) DAYTIME PHONE #

CR2E034 (9/96)