

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

FILED
Mar 31 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 # J78547 (3)

1. Corporation Name
HCRM CORP.



Principal Place of Business % JOSEPH R. COOK 2200 CORPORATE BLVD N.W., SUITE 401 BOCA RATON FL 33431	Mailing Address % JOSEPH R. COOK 2200 CORPORATE BLVD N.W., SUITE 401 BOCA RATON FL 33431-7369
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3. Date Incorporated or Qualified 06/15/1987	3a. Date of Last Report 04/26/1996
4. FEI Number 59-2819457	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 type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip Country	28. Zip Country
24. 25.	29. 30.

9. Name and Address of Current Registered Agent

HUNT, COOK R MEHR &
2200 CORPORATE BLVD NW
STE 401
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS

TITLE	VPD	<input type="checkbox"/> DELETE
NAME	COOK, JOSEPH R.	
STREET ADDRESS	2200 CORPORATE BLVD NW STE 401	
CITY - ST - ZIP	BOCA RATON FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	HUNT, ROBERT J.	
STREET ADDRESS	2200 CORPORATE BLVD NW STE 401	
CITY - ST - ZIP	BOCA RATON FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	RIGGS, DAVID A.	
STREET ADDRESS	2200 CORPORATE BKVD STE 401	
CITY - ST - ZIP	BOCA RATON FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MEHR, RYNA E.	
STREET ADDRESS	2200 CORPORATE BLVD NW STE 401	
CITY - ST - ZIP	BOCA RATON FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	MILLER, LAWRENCE J	
STREET ADDRESS	2200 CORPORATE BLVD NW STE 401	
CITY - ST - ZIP	BOCA RATON FL	
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: *Joseph R. Cook* **JOSEPH R. COOK** 3/24/97 561-997-9223
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)