

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

PROFIT CORPORATION
ANNUAL REPORT
1997



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

FILED

97 APR 30 AM 10:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K89459** (7)
1. Corporation Name
HPC INVESTMENTS, INC.



Principal Place of Business
**200 E. LAS OLAS BLVD.
SUITE 1420
FT. LAUDERDALE FL 33301**

Mailing Address
**200 E. LAS OLAS BLVD.
SUITE 1420
FT. LAUDERDALE FL 33301-2248**

3. Date Incorporated or Qualified
05/19/1989

3a. Date of Last Report
05/16/1996

2. Principal Place of Business
21 **450 E LAS OLAS BLD**
22 **1500**
23 **FT LAUDERDALE FL**
24 **33301** 25 **USA**

2a. Mailing Address
26 **450 E LAS OLAS BLD**
27 **1500**
28 **FT LAUDERDALE FL**
29 **33301** 30 **USA**

4. FEI Number
65-0141389

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 has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**RODENBERRY, STEPHEN K.
801 BRICKELL AVE
24 FL
MIAMI FL 33313**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE DELETE
NAME **D ROCHON, RICHARD C.**
STREET ADDRESS **200 S. ANDREWS AVE. 6FL**
CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE DELETE
NAME **DP HUDSON, HARRIS W.**
STREET ADDRESS **200 S. ANDREWS AVE. 6FL**
CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS **450 EAST LAS OLAS BLVD, SUITE 1500**
1.4 CITY-ST-ZIP **FT. LAUDERDALE, FL 33301**

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS **450 EAST LAS OLAS BLVD, SUITE 1500**
2.4 CITY-ST-ZIP **FT. LAUDERDALE, FL 33301**

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

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

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

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

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*****3300.00 ****165.00**

4/24/97

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: _____ Date: **4/24/97** Daytime Phone #: **954-627-5000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

C32E034 (9/96)