

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

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90035 003 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P97000109176

1. Corporation Name
HCP, INC.

Principal Place of Business
 712 US HIGHWAY ONE
 SUITE 400
 NORTH PALM BEACH FL 33408

Mailing Address
 712 US HIGHWAY ONE
 SUITE 400
 NORTH PALM BEACH FL 33408



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip Country

25

29 Zip Country

30

3. Date Incorporated or Qualified

12/29/1997

4. FEI Number

65-0804795

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

COHEN, FRED C
 712 US HIGHWAY ONE
 SUITE 400
 NORTH PALM BEACH FL 33408

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	PD	<input type="checkbox"/> DELETE
NAME	HUGHES, MEL L	
STREET ADDRESS	1755 GRAHAM AVE ST 102	
CITY-ST-ZIP	HENDERSON NC 27536	
TITLE	CVPD	<input type="checkbox"/> DELETE
NAME	CROWN, BARRY S	
STREET ADDRESS	414 # ORLEANS, #301	
CITY-ST-ZIP	CHICAGO IL 60610	
TITLE	VASD	<input type="checkbox"/> DELETE
NAME	CROWN, BEVERLY J	
STREET ADDRESS	414 NO ORLEANS, #301	
CITY-ST-ZIP	CHICAGO IL 60610	
TITLE	VPSD	<input type="checkbox"/> DELETE
NAME	CROWN, LAURIE J	
STREET ADDRESS	414 NO ORLEANS, #301	
CITY-ST-ZIP	CHICAGO IL 60610	
TITLE	VASD	<input type="checkbox"/> DELETE
NAME	CROWN, DONNA L	
STREET ADDRESS	414 NO ORLEANS #301	
CITY-ST-ZIP	CHICAGO FL 60610	
TITLE	VPTD	<input type="checkbox"/> DELETE
NAME	CROWN, BRUCE A	
STREET ADDRESS	414 NO ORLEANS #301	
CITY-ST-ZIP	CHICAGO IL 60610	

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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

B. SIGNATURE
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/29/99

Daytime Phone #

(312) 226-6400

CRZE034 (11/98)