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FILED
Jan 17 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 # S41724 (3)
 1. Corporation Name
HHCP, INC.



Principal Place of Business: **222 W MAITLAND BLVD MAITLAND FL 32751-4323**
 Mailing Address: **222 W MAITLAND BLVD MAITLAND FL 32751-4323**

3. Date Incorporated or Qualified: **03/28/1991** 3a. Date of Last Report: **05/01/1996**
 4. FEI Number: **59-3058704** 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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
 2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent
PEACOCK, THOMAS E.
222 W MAITLAND BLVD
MAITLAND FL 32751-4323

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City 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	DV	<input type="checkbox"/> DELETE
NAME	HELMAN, ALAN C.	
STREET ADDRESS	222 W MAITLAND BLVD	
CITY-ST-ZIP	MAITLAND FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	HURLEY, THOMAS A.	
STREET ADDRESS	222 W MAITLAND BLVD	
CITY-ST-ZIP	MAITLAND FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	CHARVAT, WILLIAM C.	
STREET ADDRESS	222 W MAITLAND BLVD	
CITY-ST-ZIP	MAITLAND FL	
TITLE	DVST	<input type="checkbox"/> DELETE
NAME	ZIEBARTH, LAWRENCE W.	
STREET ADDRESS	222 W MAITLAND BLVD	
CITY-ST-ZIP	MAITLAND FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	PEACOCK, THOMAS E.	
STREET ADDRESS	222 W MAITLAND BLVD	
CITY-ST-ZIP	MAITLAND FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	BRAUN, CHARLES S	
STREET ADDRESS	222 W MAITLAND BLVD	
CITY-ST-ZIP	MAITLAND FL	

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: _____ 1/9/97
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)