

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 770632 (8)
1. Corporation Name
HCC PROPERTIES, INCORPORATED



Principal Place of Business Mailing Address
% T.L. TRIMBLE 2400 BEDFORD RD. ORLANDO FL 32803
% T.L. TRIMBLE 2400 BEDFORD RD. ORLANDO FL 32803

3. Date Incorporated or Qualified 10/07/1983
3a. Date of Last Report 03/15/1995
4. FEI Number 59-2361517 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 21 111 N. ORLANDO AVE 22 Suite, Apt. #, etc.
2a. Mailing Address 26 111 N. ORLANDO AVE. 27 Suite, Apt. #, etc.
23 City & State WINTER PARK, FL 28 WINTER PARK, FL
24 Zip 32789 25 Country ORANGE 29 Zip 32789 30 Country ORANGE

9. Name and Address of Current Registered Agent
TRIMBLE, T.L.
2400 BEDFORD RD.
ORLANDO FL 32803

10. Name and Address of New Registered Agent
81 Name TRIMBLE, T.L.
82 Street Address (P.O. Box Number is Not Acceptable) 111 NORTH ORLANDO AVENUE
83
84 City WINTER PARK FL 85 Zip Code 32789

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered officer 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 617.0503, Florida Statutes.

SIGNATURE T. L. TRIMBLE (J. L. Dumble) 1/26/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	STD	<input type="checkbox"/> DELETE
NAME	WEISS, TITO	
STREET ADDRESS	2393 SOFIA LANE	
CITY-ST-ZIP	PUNTA GORDA FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	THOMPSON, JAMES D.	
STREET ADDRESS	105 WESSEX	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	BLAIR, MARDIAN	
STREET ADDRESS	1132 DORCHESTER	
CITY-ST-ZIP	ORLANDO FL	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	BLOCK, MARK	
STREET ADDRESS	2400 BEDFORD RD	
CITY-ST-ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	BLAIR, MARDIAN
3.3 STREET ADDRESS	111 NORTH ORLANDO AVENUE
3.4 CITY-ST-ZIP	WINTER PARK, FL 32789-3675
4.1 TITLE	AS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	BLOCK, L. MARK
4.3 STREET ADDRESS	111 NORTH ORLANDO AVENUE
4.4 CITY-ST-ZIP	WINTER PARK, FL 32789-3675
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: [Signature] 1/26/96 407/975-1410
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)