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FILED

Feb 10 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

**111 N. ORLANDO AVE
2400 BEDFORD RD.
WINTER PARK FL 32789
US**

**111 N. ORLANDO AVE.
2400 BEDFORD RD.
WINTER PARK FL 32789-3675
US**

3. Date incorporated or Qualified 3a. Date of Last Report

10/07/1983 **01/31/1996**

2. Principal Place of Business 2a. Mailing Address

21 111 N. Orlando Ave. **26 111 N. Orlando Ave.**

Suite, Apt. #, etc. Suite, Apt. #, etc.

22 **27**

City & State City & State

23 Winter Park FL **28 Winter Park FL**

Zip Country Zip Country

24 32789 **25 US** **29 32789** **30 US**

4. FEI Number Applied For

59-2361517 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

9. Name and Address of Current Registered Agent

**TRIMBLE, T.L.
111 NORTH ORLANDO AVENUE
WINTER PARK FL 32789**

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**

FL

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 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

| | | |
|----------------|---------------------------------|--|
| TITLE | STD | <input checked="" type="checkbox"/> DELETE |
| NAME | WEISS, TITO | |
| STREET ADDRESS | 2393 SOFIA LANE | |
| CITY-ST-ZIP | PUNTA GORDA FL | |
| TITLE | DP | <input type="checkbox"/> DELETE |
| NAME | BLAIR, MARDIAN | |
| STREET ADDRESS | 111 NORTH ORLANDO AVENUE | |
| CITY-ST-ZIP | WINTER PARK FL | |
| TITLE | AS | <input type="checkbox"/> DELETE |
| NAME | BLOCK, MARK | |
| STREET ADDRESS | 111 NORTH ORLANDO AVENUE | |
| CITY-ST-ZIP | WINTER PARK 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 | <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 checked="" type="checkbox"/> Addition |
| 4.2 NAME | Trimble, Tamara L. |
| 4.3 STREET ADDRESS | 111 North Orlando Ave |
| 4.4 CITY-ST-ZIP | Winter Park FL 32789 |
| 5.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME | Womack Rucker |
| 5.3 STREET ADDRESS | 111 North Orlando Ave |
| 5.4 CITY-ST-ZIP | Winter Park FL 32789 |
| 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *L. Mark Block* **L. Mark Block** **Assistant Secretary** **1/31/97** **407-975-1410**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #0012495

CR2E037 (9/96)