## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # 770632

1. Corporation Name

HCC PROPERTIES, INCORPORATED

Country

9. Name and Address of Current Registered Agent

Principal Place of Busines	;
111 N. ORLANDO AVE	
WINTER PARK FL 32789	
HS	

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

22

23

24

Zip

Mailing Address

111 N. ORLANDO AVE. WINTER PARK FL 32789

2a. Mailing Address

City & State

Suite, Apt. #, etc.

US

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## FILED Feb 18, 1999 8:00 am Secretary of State

02-18-1999 90017 044 \*\*\*\*61.25



3. Date incorporated or Qualifed

5. Certifcate of Status Desired

Trust Fund Contribution

6. Election Campaign Financing

10. Name and Address of New Registered Agent

10/07/1983

59-2361517

4. FEI Number

	\$ 2 Section Actions	[81]	Na	ame				
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	ARK FL 32789	83						
WINTER	MIN 1 E 32/09		_		85 Z	ip Code		
		84	Çi	F	_ 85 2	EXITA MATERIA		
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 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								
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14 i horoby	certify that the information supplied with this filing does not qualify for the	exempti	ion s	stated in Section 119.07(3)(i), Florida Statutes. I further o	ertify that th der oath: th	ne information nat 1 am an		

Country

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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 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

ON SULFILLIA WILL REQUIRE INTO A SULFILLIA SUL

1/19/99

(407) 647-440

Daytime Phor

CR2E037\_(11/9

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable