

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

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90071 049 ***150.00

UP-4-99A

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F95000006121

1. Corporation Name
HEPC ORLANDO, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 8688 PALM PARKWAY SUITE 2300 LAKE BUENA VISTA FL 32830 US	Mailing Address 1950 STEMMONS FREEWAY SUITE 6001 DALLAS TX 75207 US
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3. Date Incorporated or Qualified 12/15/1995	Applied For <input type="checkbox"/>
4. FEI Number 75-2621068	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Same	2a. Mailing Address 26 Same
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip Country	29 Zip Country

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
 1201 HAYS STREET
 SUITE 105
 TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P Director <input type="checkbox"/> DELETE
NAME	CARREKER, JAMES D
STREET ADDRESS	1950 STEMMONS FREEWAY, SUTIE 6001
CITY-ST-ZIP	DALLAS TX 75207
TITLE	VP President <input type="checkbox"/> DELETE
NAME	BENTLEY, LESLIE V
STREET ADDRESS	1950 STEMMONS FREEWAY, SUITE 6001
CITY-ST-ZIP	DALLAS TX 75207
TITLE	T <input type="checkbox"/> DELETE
NAME	RAYMOND, ANNE
STREET ADDRESS	1950 STEMMONS FREEWAY, SUITE 6001
CITY-ST-ZIP	DALLAS TX 75207
TITLE	S <input type="checkbox"/> DELETE
NAME	HOUSTON, BEVERLY M
STREET ADDRESS	1950 STEMMONS FREEWAY, SUITE 6001
CITY-ST-ZIP	DALLAS TX 75207
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	Treasurer
3.3 STREET ADDRESS	Lawrence S. Jones
3.4 CITY-ST-ZIP	1950 Stemmons Frwy #6001
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Dallas, Texas 75207
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)(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, with all other like empowered.

SIGNATURE: Lawrence S. Jones 4/26/99 **Lawrence S. Jones** 214/863-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)