

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

**FILED**  
**Apr 19, 1999 8:00 am**  
**Secretary of State**

04-19-1999 90053 015 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F98000003483**

1. Corporation Name  
**HCG, INC.**

Principal Place of Business 325 SHADOW BAY BLVD. LONGWOOD FL 32779	Mailing Address 325 SHADOW BAY BLVD. LONGWOOD FL 32779
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>4630 S. Kirkman Rd.</b>		2a. Mailing Address 26 <b>Same</b>		3. Date Incorporated or Qualified 06/18/1998	
22 <b>Suite 602</b>		27 Suite, Apt. #, etc.		4. FEI Number 58-2383403	
23 <b>Orlando FL</b>		28 City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
24 <b>32811</b> 25 <b>USA</b>		29 Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
				8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**HEISTAD, OLAV P**  
**325 SHADOW BAY BLVD.**  
**LONGWOOD FL 32779**

10. Name and Address of New Registered Agent

81 Name **Olav P. Heistad**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**7615 Redwood Country Road**  
 83  
 84 City **Orlando** 85 State **FL** 86 Zip Code **32835**

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 *[Signature]* **Per Heistad** DATE **4.14.99**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>C</b> <input type="checkbox"/> DELETE
NAME	<b>HEISTAD, OLAV PER</b>
STREET ADDRESS	<b>325 SHADOW BAY BLVD.</b>
CITY-ST-ZIP	<b>LONGWOOD FL 32779</b>
TITLE	<b>C</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>KENCIK, BECKY</b>
STREET ADDRESS	<b>201 PROSPECT AVE.</b>
CITY-ST-ZIP	<b>HACKERSACK NJ 07601</b>
TITLE	<b>P</b> <input type="checkbox"/> DELETE
NAME	<b>HEISTAD, PER</b>
STREET ADDRESS	<b>325 SHADOW BAY BLVD.</b>
CITY-ST-ZIP	<b>LONGWOOD FL 32779</b>
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 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 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: *[Signature]* SIGNATURE REQUIRED **4.14.99** **407-210-3666**

Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (11/98)