


FILE NOW: FILING FEE IS \$61.25

FILED

**Feb 02 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # N95000002524 (5) 1. Corporation Name HARC CHALLENGE FOUNDATION, INC.		



Principal Place of Business		Mailing Address	
220 E MADISON ST SUITE 1040 TAMPA FL 33602 US		P.O BOX 9537 TAMPA FL 33674 US	
21	2. Principal Place of Business	26	2a. Mailing Address
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
23	City & State	28	City & State
24	Zip	29	Zip
25	Country	30	Country

3. Date Incorporated or Qualified	05/23/1995
4. FEI Number	59-3357217
Applied For	Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent LILLISTON, RICHARD 2714 W KIRBY ST TAMPA FL 33674	
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10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CT <input type="checkbox"/> DELETE	1.1 TITLE	CT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLOCOMB, JOHN	1.2 NAME	Holcomb, John
STREET ADDRESS	101 E. KENNEDY BLVD. #3700	1.3 STREET ADDRESS	101 E. Kennedy Blvd. #3700
CITY-ST-ZIP	TAMPA FL 33602	1.4 CITY-ST-ZIP	Tampa, FL 33602
TITLE	VCT <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSET, ART	2.2 NAME	
STREET ADDRESS	2001 PAN AM CIRCLE #102	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33607	2.4 CITY-ST-ZIP	
TITLE	STT <input type="checkbox"/> DELETE	3.1 TITLE	ST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PINZEL, BONNIE J	3.2 NAME	Pinzel, Bonnie J.
STREET ADDRESS	201 N. FRANKLIN ST. #2700	3.3 STREET ADDRESS	6710 N. River Blvd.
CITY-ST-ZIP	TAMPA FL 33602	3.4 CITY-ST-ZIP	Tampa, FL 33604
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	TT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUGHES, GREG	4.2 NAME	Hughes, Greg
STREET ADDRESS	220 E MADISON ST., SUITE 1200	4.3 STREET ADDRESS	220 E. Madison St. #1200
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	Tampa, FL 33602
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	Central Avenue <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RAUENHORST, SUSAN	5.2 NAME	
STREET ADDRESS	3615 W WATERS AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	5.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	6.1 TITLE	CT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KLINGHOFFER, MEL	6.2 NAME	Crist, Charlie
STREET ADDRESS	10002 PRINCESS PALM #304	6.3 STREET ADDRESS	360 Central Ave #1210
CITY-ST-ZIP	TAMPA FL	6.4 CITY-ST-ZIP	St Petersburg, FL 33701

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: John Holcomb Date: 1/20/98 Dyingline Phone #: 227-8432

CR2E037 (10/97)