

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

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90151 027 ***150.00

USA/USA

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P19449

1. Corporation Name
HCSC ENTERPRISES, INC.



Principal Place of Business
**1503 N. CEDAR CREST BLVD.
 STE. 205
 ALLENTOWN PA 18104
 US**

Mailing Address
**2171 28TH ST S.W.
 ALLENTOWN PA 18103**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip Country
 24

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip Country
 29

3. Date Incorporated or Qualified
05/31/1988

4. FEI Number
23-2210758

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 owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
**MEDICAL CONSUMER COUNSELING
 1325 SAN MARCO BLVD.
 STE. 401
 JACKSONVILLE FL 32207**

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

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, 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	PD	<input type="checkbox"/> DELETE
NAME	LEE, J. MICHAEL	
STREET ADDRESS	%2171 28TH STREET SW	
CITY-STATE-ZIP	ALLENTOWN PA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	CRIMMINS, TIMOTHY	
STREET ADDRESS	%2171 28TH STREET SW	
CITY-STATE-ZIP	ALLENTOWN PA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MACRINA, JOSEPH	
STREET ADDRESS	1503 N. CEDAR CREST BLVD., STE. 205	
CITY-STATE-ZIP	ALLENTOWN PA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	FENSTERMACHER, THOMAS	
STREET ADDRESS	%2171 28TH STREET SW	
CITY-STATE-ZIP	ALLENTOWN PA	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	FREDERICK, SHIRLEY	
STREET ADDRESS	%2171 28TH STREET SW	
CITY-STATE-ZIP	ALLENTOWN PA	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	SHANNON, DAVID	
STREET ADDRESS	C/O 2171 28TH ST, SW	
CITY-STATE-ZIP	ALLENTOWN PA	

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-STATE-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-STATE-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-STATE-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-STATE-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-STATE-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-STATE-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.073(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 a letter like empowered.

SIGNATURE: *Thomas D. Fenstermacher* Thomas D. Fenstermacher, VP Finance (610) 791-2222
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 4/20/99 Daytime Phone #

CR2E034 (1/98)