FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000012292 (7)**

1. Corporation Name

H.C.O. REAL ESTATE INVESTMENTS, INC.

Principal Place of Business	Mailing Address
3128 SW 126TH TERR ARCHER FL 32616	3128 SW 126TH TERR ARCHER FL 32618

3. Date Incorporated or Qualified: **02/18/1993**

3a. Date of Last Report: **08/10/1995**

4. FEI Number: **59-3165220** ☐ Applied For ☐ Not Applicable

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 has liability for intangible tax under s 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 923 NW. 122nd Terr.	26 923 NW. 122nd Terr.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 Newberry, FL.	28 Newberry, FL.
24 Zip 32669 25 Country USA	29 Zip 32669 30 Country USA

9. Name and Address of Current Registered Agent

FLEMING, JR. H
3128 S.W. 126TH TERRACE
ARCHER FL 32618

10. Name and Address of New Registered Agent

81 Name: DAVID COHEN
82 Street Address (P.O. Box Number is Not Acceptable): 923 NW 122nd Terrace
83
84 City: NEWBERRY FL 85 Zip Code: 32669

11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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: DAVID COHEN — DATE

(Signature of new registered agent required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☒ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	FLEMING, HOWARD		1.2 NAME	
STREET ADDRESS	3128 SW 126 TERRACE		1.3 STREET ADDRESS	
CITY-ST-ZIP	ARCHER FL 32618		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	COHEN, DAVID		2.2 NAME	
STREET ADDRESS	923 NW 122 TERRACE		2.3 STREET ADDRESS	
CITY-ST-ZIP	NEWBERRY FL 32669		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	OARE, ELIZABETH		3.2 NAME	
STREET ADDRESS	5425 SW 4 PLACE		3.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32607		3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: _____ 1/17/96 373-3583

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #