

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

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Apr 22 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000012292 (7)**

1. Corporation Name
H.C.O. REAL ESTATE INVESTMENTS, INC.



Principal Place of Business 923 NW 122ND TERR NEWBERRY FL 32669 US	Mailing Address 923 NW 122ND TERR NEWBERRY FL 32669-2727 US
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3. Date Incorporated or Qualified 02/18/1993	3a. Date of Last Report 02/16/1996
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 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29

9. Name and Address of Current Registered Agent COHEN, DAVID 923 NW 122ND TERR NEWBERRY FL 32669	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 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office of 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	COHEN, DAVID	1.2 NAME	
STREET ADDRESS	923 NW 122 TERRACE	1.3 STREET ADDRESS	
CITY- ST- ZIP	NEWBERRY FL 32669	1.4 CITY- ST- ZIP	
TITLE	☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	OARE, ELIZABETH	2.2 NAME	
STREET ADDRESS	5425 SW 4 PLAGE	2.3 STREET ADDRESS	741 MAINSAIL
CITY- ST- ZIP	GAINESVILLE FL 32607	2.4 CITY- ST- ZIP	Tampa, Florida 33602
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY- ST- ZIP		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	700002152477
STREET ADDRESS		6.3 STREET ADDRESS	-04/23/97--01091--055
CITY- ST- ZIP		6.4 CITY- ST- ZIP	***165.00

14. I do 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.

SIGNATURE: _____ DATE: **4/15/97** DAYTIME PHONE: **337-7721**

CR2E034 (9/96)