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

PROFIT CORPORATION ANNUAL REPORT

1998

NAME

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

FILED

May 15 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000012292 (7)

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

Principal Place of Business Mailing Address 923 NW 122ND TERR **923 NW 122ND TERR** NEWBERRY FL 32069 NEWBERRY FL 32669 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/18/1993 2. Principal Place of Business 2a. Mailing Address Applied For 59-3165220 Not Applicable Suite, Apt #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution 23 28 Added to Fees Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 Personal Property Tax due June 30. XX Yes 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name COHEN, DAVID 923 NW 122ND TERR Street Address (P.O. Box Number is Not Acceptable) **NEWBERRY FL 32669** 83 84 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505. Florida Statutes. SIGNATURE Signature: Typed or printed name of trigedered agent and title if applicable (NOT) Registered Agent signature required when reinstaling) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TITLE Change COHEN, DAVID NAME 1.2 NAME 923 NW 122 TERRACE STREET ADDRESS 1.3 STREET ADDRESS **NEWBERRY FL 32669** CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE XX Change Addition TITLE 21 TITLE OARE, ELIZABETH NAME 22 NAME 741 MAILSAIL STREET ADDRESS 23 STREET ADDRESS 741 Main Sail Drive **TAMPA FL 33602** CITY-ST-ZIP Tampa. FL 33602 2 4 CITY-S1-ZIP DELETE TITLE 3.1 TITLE Change Addition 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 CHY-ST-ZIP DELETE Change Addition TITLE 51 TIDE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - S1 - ZIP DELETE Change Addition TITLE 6.1 TITLE

62 NAME

14. Thereby 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 supplimental annual report is fine 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 of the receiver or trustee uppowered 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 by an attriction with an address.

Payrid Cohon.

6.3 STREET ADDRESS

6.4 CITY-ST-7IP