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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P94000037644 (9)

H.C.F. U.S.A. INC.

FILED May 05 1998 8:00am Secretary of State



						IKAN UIÁN	
Principal Place of Business Mailing Address					- I JOBATORA STO MARTI BURK WOLLY DORLY BOLKS BURKS BURN TOOK O EARLY SOURT BURN BURN BURN		
15494 SE 24		15494 SE 24TH ST. RD.					
OCKLAWAHA	FL 32 179	OCKLAWAHA FL 32179			DO NOT WOLF IN THE OPICE		
					DO NOT WRITE IN THI 3. Date Incorporated or Qualified	5 SPACE	
					05/19/1994		
2. Principal P	lace of Business	2a, Mailing Address			4, FEI Number	acA	lied For
21		26			59-3222183		Applicable
Suite, Apt. #, etc.		Suite, Apt #, etc.	Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 A	ditional
22		27			5. Definicate of Status Desired	Fee Req	uìred
City & State		City & State	├ ¬ ′		6. Election Campaign Financing	\$5.00 M	
Zip Country		28	Ztp Country		Trust Fund Contribution	Added to	
24	25	<u></u>	30		 This corporation owes or has paid the c Personal Property Tax due June 30. 	current year Intar	~
24)	g. Name and Address of Curre		301		10. Name and Address of New Registere		110
GF	AY, RICHARD			B1 Name	, , , , , , , , , , , , , , , , , , , ,		<u>-</u>
15494 SE 24TH ST. RD.			-	82 Street Add	ress (P.O. Box Number is Not Acceptable)		
OCKLAWAHA FL 32179				51/66/ Aud	riess (F.O. Box Number is Not Acceptable)		
			Ì	63			
			-	84 City		85 Zip Co	odo
					F	L	
11, Pursuant	to the provisions of Sections 607.05 (egistered agent, or both, in the State	02 and 607.1508, Florida Statute	s, the ab	ove-named cor	poration submits this statement for the purpose tion's board of directors. I hereby accept the a	of changing its	registered
agent. 1 a	im familiar with, and accept the obli-	gations of Section 607.0505, Flor	ida Stati	ites.	mon's board or directors. Thereby accept the a	ррошшней вз те	Sharelen
SIGNATURE							
12.	Signature typod or printed nameral registered at	gest and tile it applicable (NOTE: ND DIRECTORS	Registered	Agent signature requi	ired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AT	ND DIDECTORS	10.10
TITLE	D	DELETE	1.1 Tit	E	ADDITIONS/CHANGES TO OFFICERS A	Change	Addition
NAME	GRAY, ELIZABETH		1.2 NA			_ ,	_
STREET ADDRESS	15694 SE 24TH ST RD		1.3 ST	EET ADDRESS			
CITY-ST-ZIP	OCKLAWAHA FL		1.4 CIT	Y-S1-ZIP		_	
TITLE	D	☐ DELETE	21 TIT	.E		Change	Addition
NAME			2.2 NA	ME			ł
STREET ADDRESS	15494 SE 24TH ST RD		2.3 STF	EET ADDRESS			
CITY-ST-ZIP	OCKALWAHA FL			Y-S1-ZIP			The state of the s
TITLE		☐ DELETE	3.1 TIT	i		L Change	Addition
NAME OVDEET ADDRESS			3.2 NA	· .			- 1
STREET ADDRESS CITY-ST-ZIP				EE1 ADDRESS Y-ST-ZIP			
TITLE		☐ DELETE	4.1 III			Change	Addition
NAME	,		4. 2 NA			<u> </u>	
STREET ADDRESS				EET ADDRESS			
CITY-ST-ZIP				r-ST-ZIP			
TITLE		DELETE	5.1 TITI	.E		Change	Addition
NAME			52 NAI	A E			1
STREET ADDRESS			53 STR	EE1 ADDRESS			ĺ
CITY-ST-ZIP				/-ST-ZIP			
TITLE		DELETE	6 1 TITI	1		Change	Addition
NAME OTDEET ADDRESS			6.2 NAI				
STREET ADDRESS				EET ADDRESS			
CITY-ST-ZIP	pertify that the information supplied	with this filing does not qualify for		r-ST-ZIP motion stated in	Section 119.07(3)(i). Florida Statutes, I further	certify that the in	formation

indicated on this annual report or supplemental arrival 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 if quired by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if charged, or on an attachment with an address