## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



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

1996

P94000092946 (0) **DOCUMENT #** 

1. Corporation Name

H.C.F. DEVELOPMENT, INC.  Multing Address										
Principal Place of Business  102 E MAPLE STREET WINTER GARDEN FL 34787			Mailing Address  102 E Maple Street  Winter Garden Fl. 34787			Date become alard or O whited				
***************************************							3. Date incorporated or Qualified 12/22/1994	3a. Date o	/19/199	5
2. Principal Place	of Business	2a.	Mailing Address				4. FET Number 59-3289730		L	pplied For lot Applicable
. Principal Pictor		26								Additional
Suite, Apt. #, 6	etc.	<u> </u>	Suite, Apt. #, etc	3.			5. Certificate of Status Desired		Fee F	lequired
		27	City & State				6. Election Campaign Financing			May Be
City & State		28	Ony a onne				Trust Fund Contribution			to Fees
<u> </u>	Country		Zip		Country		8. This corporation has liability for	intangible ta: s	k under s	199.032.
Zφ J	25	29		30	l		Florida Statutes Ye  10. Name and Address of New	Registered /	Agent	
1	9. Name and Address of Curre	nt Regis	tered Agent			None	10. Name and Address of No.			
					81	Name				
MASHBUI	RN, ERIC S		Ī		82	Street Addr	ess (P.O. Box Number is Not Accepta	un <del>e</del> )		
102 E MAPLE STREET					83	<u> </u>				
WINTER (	GARDEN FL 34787					<u> </u>			85 Z	o Code
					84		ration submits this statement for the p ird of directors. Thereby accept the af	FL	. 1	
							The state of the s	DATE		
	graf i.e. typed or probal name of register of agr OFFICERS A	erand stend	CTORS		gistareo Agr	e i signaturé résjulo	ADDITIONS/CHANGES TO O	DATE FFICERS ANI	DIRECTO	ORS IN 12
12.	grafus typed or probat name of register diagram OFFICERS A	ND DIFE	CTORS				ADDITIONS/CHANGES TO O	FFICERS AND	DIRECTO	ORS IN 12
12. TITLE	OFFICERS A  D BACHMAN,HARTMUT	ND DIRE	CTORS		13. 1 1 TILLE 12 NAME		ADDITIONS/CHANGES TO O	FFICERS AND	DIRECTO	ORS IN 12
12.	D BACHMAN,HARTMUT 6820 OSCEOLA DRIVE	ND DIRE	CTORS		13. 1 1 TILLE 12 NAME 13 STREE	FL ADORESS	ADDITIONS/OHANGES TO O	FFICERS AND	DIRECTO	ORS IN 12
12. TITLE NAME	OFFICERS A  D BACHMAN,HARTMUT	ND DIRE	CTORS DEFE	Ė	13. 1 1 THUE 12 NAME 13 STHEI 14 CITY	FLADORESS -ST-Z.P	ADDITIONS/OHANGES TO O	FFICERS ANI	DIRECTO Change	☐ Addition,
12. TITLE NAME STREET ADDRESS	D BACHMAN,HARTMUT 6820 OSCEOLA DRIVE	NO DIRE	CTORS	Ė	13. 1 1 THLE 12 NAME 13 STREE 14 CHY 2 1 THLE	FLADORESS -ST-Z.P	ADDITIONS/OHANGES TO O	FFICERS ANI	Change	☐ Addition,
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TITLE NAME STREET ADDRESS CITY-ST ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BACHMAN,HARTMUT 6820 OSCEOLA DRIVE	e raid Meri	CTORS DEFE	E IE	13. 1 1 THEE 12 NAME 13 STREE 14 CITY 2 1 THEE 22 NAME 23 STREE	FLADORESS -SI-ZP E E EL ADDRESS -SI-ZIP	ADDITIONS/OHANGES TO O	FFICERS ANI	Change	Addition
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12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	D BACHMAN,HARTMUT 6820 OSCEOLA DRIVE	e rand steel	CTORS DEET	E IE	13. 1 1 SILE 12 NAME 13 STREI 14 GIY 2 1 TILLI 22 NAM 23 STRE 24 GIY 3 1 TILLI 37 NAM	FLADORESS -SI-ZP E E ELFADDRESS -SI-ZIP E	ADDITIONS/OHANGES TO O	FFICERS ANI	☐ Change	Addition
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112.  TITLE  NAME  STREET ADDRESS  CITY-ST ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	D BACHMAN,HARTMUT 6820 OSCEOLA DRIVE	ND DRE	CTORS DELET	E TE	13. 1 THE 12 NAME 13 STRST 14 CHY 2 THELE 22 NAM 23 STRE 24 CHY 3 THELE 37 NAM 33 STR 34 CHY 4 THELE 42 NAM 43 STR 44 CH 51 THE 52 NAM 53 STR	FLADORESS -S1-Z-P E E-FADDRESS -S1-ZIP E FF EFLADDRESS -S1-ZIF UF JF EELI ADDRESS Y S1-ZIF UF ME REELI ADDRESS Y S1-ZIP	ADDITIONS/OHANGES TO O	FFICERS ANI	Change Change	Addition  Addition  Addition
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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 cath; 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 or Block 14 or Block 15 or Block 15 or Block 16 or Block 16 or Block 17 or Block 18 or Block 18 or Block 19 or Blo 04-26-96

SIGNATURE: \_ 4

NO MES SAPRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)