

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

FILED

Jan 29 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000040019 (8)

1. Corporation Name
HCEMP, INC.

Principal Place of Business
299 WEST VIRGINIA AVENUE
DELAND FL 32720-1241

Mailing Address
299 WEST VIRGINIA AVENUE
DELAND FL 32720-1241



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

25

29

30

3. Date Incorporated or Qualified

06/01/1995

3a. Date of Last Report

03/18/1996

4. FEI Number

59-3315989

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KELLY, WILLIAM
1008 NORTH WOODLAND BOULEVARD
DELAND FL 32721-1430

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VP
NAME CANRELL, PERRY
STREET ADDRESS 2420 SW 82ND PL
CITY-ST-ZIP MIAMI FL 33155

☐ DELETE

1.1 TITLE VP
1.2 NAME CANRELL, PERRY
1.3 STREET ADDRESS 2420 SW 82ND PL
1.4 CITY-ST-ZIP MIAMI FL 33155

☒ Change ☐ Addition

TITLE S
NAME CARNELL, STEVEN
STREET ADDRESS 2420 SW 82ND PL
CITY-ST-ZIP MIAMI FL 33155

☐ DELETE

2.1 TITLE S
2.2 NAME CARNELL, STEVEN
2.3 STREET ADDRESS 2420 SW 82ND PL
2.4 CITY-ST-ZIP MIAMI FL 33155

☒ Change ☐ Addition

TITLE P
NAME CARNELL, HOWARD
STREET ADDRESS 299 W. VIRGINIA AVE.
CITY-ST-ZIP DELAND FL 32720-1241

☐ DELETE

3.1 TITLE P
3.2 NAME CARNELL, HOWARD
3.3 STREET ADDRESS 299 W. VIRGINIA AVE
3.4 CITY-ST-ZIP DELAND, FL 32720-1241

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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: Howard Canrell, President

FILED HOWARD CARRELL 1/15/97 904-945-5432

Date

Daytime Phone #

CR2E034 (9/96)