

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90144 006 ***150.00

DOCUMENT # **P96000007070**

1. Corporation Name
H.C.T., INC.

Principal Place of Business
**4589 ORANGE RIVER LOOP ROAD
FORT MYERS FL 33905-5817**

Mailing Address
**4589 ORANGE RIVER LOOP ROAD
FORT MYERS FL 33905-5817**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		01/23/1996	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		65-0645709	
24 Country		29 Country		5. Certificate of Status Desired	
				6. Election Campaign Financing	
				Trust Fund Contribution	
				8. This corporation owes the current year Intangible	
				Personal Property Tax.	

9. Name and Address of Current Registered Agent

**CICCARONE, MICHAEL J
C/O SMOOT, ADAMS, EDWARDS & GREEN
12800 UNIVERSITY DRIVE
FORT MYERS FL 33907**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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	P	1.1 TITLE	
NAME	CORBETT, D.K.	1.2 NAME	
STREET ADDRESS	4589 ORANGE RIVER LOOP ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL 33905-5817	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	
NAME	TINCHER, JAMES	2.2 NAME	
STREET ADDRESS	4589 ORANGE RIVER LOOP ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL 33905-5817	2.4 CITY-ST-ZIP	
TITLE	ST	3.1 TITLE	
NAME	HAYES, PATRICK J	3.2 NAME	
STREET ADDRESS	4589 ORANGE RIVER LOOP ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL 33905-5817	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/99

Date

Daytime Phone #

941-693-5919

CR2E034 (1/98)