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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

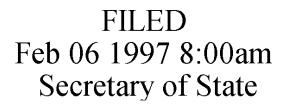
Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **P96000031381**

HQ AT DEERWOOD PARK, INC.

Principal Place of Business

Mailing Address





| 500 INTERNATIONAL DRIVE SUITE 30 D MOUNT OLIVE NJ 07828 | | 500 INTERNATIONAL DRIVE SUITE 30 D MOUNT OLIVE NJ 07828-1381 | | 3. Date Incorporated or Qualified 04/08/1996 | 3a. Date of Last | Report | |
|---|--|--|------------------------|---|--|---------------------|------------------------|
| 2. Principal Pl | lace of Business | 2a. Mailing Address | | | 4. FEI Number | | pplied For |
| 21 1015 | 1 DEERWOOD PARK B. | | 75 A | • | 59-3378467 | | lot Applicable |
| Suite Apt. 22 BLOG | # etc | Suite, Apt. #, etc. | | Z., | 5. Certificate of Status Desired | | Additional lequired |
| City & State City & State 23 JACKSON VILLE, F-L. 28 | | | | | Election Campaign Financing Trust Fund Contribution | | May Be |
| Zip 24 | Country 25 | 2)p | Countr 30 | у | 8. This corporation has liability for i | ntangible tax under | s. 199.032, |
| | 9. Name and Address of Curre | nt Registered Agent | | | 10. Name and Address of New Re | gletered Agent | |
| F&L | CORP. | | 81 | Name | | | |
| 200 LAURA ST. Jacksonville fl 32202 | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | |
| | | | 83 | 1 | | | |
| | | | 84 | City | | FL 85 Zip | Code |
| office or re | | e of Florida. Such change was | authorized b | y the corpor | rporation submits this statement for the p ation's board of directors. I hereby accep | | |
| SIGNATURE | Signature, typed or punted name of registered as | rent and title if applicable INC | TE- Registered Ad | ent signature reg | puired when reinstating) | DATE | - |
| 12. | , | ND DIRECTORS | 13. | | ADDITIONS/CHANGES TO OFFIC | | RS IN 12 |
| TITLE | D | DELETE | 1.1 TITLE | | | Change | Addition |
| NAME | KOPRIVA, MARGARET M | | 1.2 NAME | [/: | ter in the sumbound of the same of the sam | | |
| STREET ADDRESS | 500 INTERNATIONAL DR. SUI | TE 30D | 1.3 STREE | T ADDRESS | ಲ <u>್ಲಿ ಕೈಲ್ಲಿ ಕ್ರಾಕ್ಟ್ ಅಂದಿ ಕೊಡ</u> ್ಡಿಗಳ ಬ್ರಾಪ್ ಕ್ರಾಕ್ಟ್ ಕ್ರಿಸ್ಟ್ ಆರ್ | | |
| CITY - ST - 2IF | MOUNT OLIVE NJ 07828 | | 1.4 CITY- | ST-ZIP | | | |
| TITLE | | | 2.1 TITLE | | | ☐ Change | Addition |
| NAME | MARSHALL, RANDALL E | | 2.2 NAME | | | | |
| STREET ADDRESS | 500 INTERNATIONAL DR. SUI | TE 300 | 2.3 STREE | T ADDRESS | | | |
| CITY+ST-ZIP | MOUNT OLIVE NJ 07828 | Decem | 2 4 CITY | ST-ZIP | | | T Laan |
| TITLE | | ☐ DELETE | 3.1 TITLE | | | Change | Addition |
| NAME | | | 3 2 NAME | Į. | | | |
| STREET ADDRESS | | | | T ADDRESS | | \$ | |
| CITY-ST-ZIP TITLE | | DELETE | 3.4. CITY 4.1 TITLE | | | ☐ Change | Addition |
| NAME | | occese | 4. 2 NAM | | | and overlige | Bread (1910) |
| STREET ADDRESS | | | | T ADDRESS | | | |
| CITY-ST-ZIP | | | 4.4 CITY- | | | | |
| TITLE | | DELETE | 5.1 TITLE | | | Change | Addition |
| NAME | | | 5.2 NAME | | | | |
| STREET ADDRESS | | | | T ADDRESS | | | |
| C-TY - ST - ZIP | | | 5.4 CITY- | ST-ZIP | | | |
| 101.6 | | DELETE | 6.1 TITLE | | | Change | Addition |
| NAME | | | 6.2 NAME | | | | |
| STREET ADDRESS | | | 6.3 STREE | T ADDRESS | | | |
| CiTY+ST-ZIP | | | 6.4 CITY | ST~ZIP | | | |

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.