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Feb 06 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 # P96000031381 (2)

1. Corporation Name
HQ AT DEERWOOD PARK, INC.



Principal Place of Business: 500 INTERNATIONAL DRIVE SUITE 30 D MOUNT OLIVE NJ 07828
Mailing Address: 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 Place of Business: 21 10151 DEERWOOD PARK BLVD
22 BLDG 200 SUITE 250
23 JACKSONVILLE, FL
24 32256
2a. Mailing Address: 26 SAME AS Above
27
28
29
30
4. FEI Number: 59-3378467
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: F&L CORP. 200 LAURA ST. JACKSONVILLE FL 32202
10. Name and Address of New Registered Agent: 81 Name, 82 Street Address, 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	D [] DELETE	1.1 TITLE	[] Change [] Addition
NAME	KOPRIVA, MARGARET M	1.2 NAME	
STREET ADDRESS	500 INTERNATIONAL DR. SUITE 300	1.3 STREET ADDRESS	
CITY-ST-ZIP	MOUNT OLIVE NJ 07828	1.4 CITY-ST-ZIP	
TITLE	D [] DELETE	2.1 TITLE	[] Change [] Addition
NAME	MARSHALL, RANDALL E	2.2 NAME	
STREET ADDRESS	500 INTERNATIONAL DR. SUITE 300	2.3 STREET ADDRESS	
CITY-ST-ZIP	MOUNT OLIVE NJ 07828	2.4 CITY-ST-ZIP	
TITLE	[] DELETE	3.1 TITLE	[] Change [] Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	[] DELETE	4.1 TITLE	[] Change [] Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	[] DELETE	5.1 TITLE	[] Change [] Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	[] DELETE	6.1 TITLE	[] Change [] Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET 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)(l), 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: Margaret M Kopriva 1/31/97 904 642 0900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)