

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

FILED
Aug 11 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P 96 000068298
1. Corporation Name

HFC General Partner, Inc.

Principal Place of Business 3903 Northdale Blvd. Suite 140-E Tampa, FL 33624	Mailing Address 3903 Northdale Blvd. Suite 140-E Tampa, FL 33624
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3. Date Incorporated or Qualified 8/15/96	3a. Date of Last Report N/A
4. FEI Number 59-3395048	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 See above	2a. Mailing Address 26 See above
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

Stephen F. Story
1408 North Westshore Boulevard-Suite 908
Tampa, FL 33607

10. Name and Address of New Registered Agent

81 Name Peter J. Kelly
82 Street Address (P.O. Box Number is Not Acceptable) 501 East Kennedy Boulevard-Suite 1400
83
84 City Tampa
85 Zip Code FL 33602

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

8-4-97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input type="checkbox"/> DELETE		1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	D/P
NAME		1.2 NAME	Hugh F. Culverhouse, Jr.
STREET ADDRESS		1.3 STREET ADDRESS	One Biscayne Tower - Suite 3599
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Miami, FL 33131
TITLE <input type="checkbox"/> DELETE		2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	D
NAME		2.2 NAME	Andrew N. Cappello
STREET ADDRESS		2.3 STREET ADDRESS	100 N. Tampa Street - Suite 3000
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Tampa, FL 33602
TITLE <input type="checkbox"/> DELETE		3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	Thomas K. Purcell
NAME		3.2 NAME	Thomas K. Purcell
STREET ADDRESS		3.3 STREET ADDRESS	225 Water Street - Suite 1235
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Jacksonville, FL 32202-5145
TITLE <input type="checkbox"/> DELETE		4.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	T/AS
NAME		4.2 NAME	Eugene Cassidy
STREET ADDRESS		4.3 STREET ADDRESS	3903 Northdale Blvd. - Suite 140-E
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Tampa, FL 33624
TITLE <input type="checkbox"/> DELETE		5.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	S
NAME		5.2 NAME	Lillian Tramontano
STREET ADDRESS		5.3 STREET ADDRESS	3903 Northdale Blvd. - Suite 140-E
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Tampa, FL 33624
TITLE <input type="checkbox"/> DELETE		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		6.2 NAME	400002266774
STREET ADDRESS		6.3 STREET ADDRESS	-08/14/97--01040--008
CITY-ST-ZIP		6.4 CITY-ST-ZIP	***550.00

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:

Eugene F. Cassidy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR, Eugene Cassidy

8-5-97

Date

Signature Expires *

CR2E034 (9/96)