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

PROFIT CORPORATION ANNUAL REPORT

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000068298 (4)

HFC GENERAL PARTNER, INC.

	Principal Place of Business		Mailing Address	· · · · · · · · · · · · · · · · · · ·			-			
	3903 NORTHDALE BLVD. SUITE 140-E TAMPA FL 33824		3903 NORTHDALE BLVD. Suite 140-e Tampa Fl 33624		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/15/1996					
	2. Principal Place of Business		28. Mailing Address			W		El Number		Applied For
	21		26				59-3395048			Not Applicable
	Suite, Apt #, etc.	Suite: Apt. #f, etc. 27] City & State 28]			5. 0	Certificate of Status Desired		\$8.75 Additional Fee Required		
-,-	City & State						lection Campaign Financing		\$5.00 May Be Added to Fees	
	Zip 25	Zip Country Zip			Country 30		8. This corporation owes or has paid the current year Intangible Personal Properly Tax due June 30. Yes X No			
	g. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent					
	KELLY, PETER F 501 EAST KENNEDY BLVD. SUITE 1400 TAMPA FL 33602				81 82 83	Street Addres	rk J. Bryn ss (P.O. Box Number is Not Acceptable) se Biscayne Tower, Suite 3599 South Biscayne Boulevard			
					84	City	ami,		FL	85 Zip Code 33131
	11. Pursuant to the provisions office or registered agent, agent. Lam familiar with, a	or both, in the State of E	forida. Such change was	authorized	l by	the corporatio	oration on's bo	submits this statement for the and of directors. I hereby acce	purpose of pt the app	changing its registered ointment as registered
	SIGNATURE Signature, type to pro	Milest marine of regions of the increase	id tello propole vetela (NG)	H Registeres	I Ager	nt signature tequires	of whom re	instating)	April	27, 1998

1998 OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change **KX**Addition TITLE 1.1 TITLE Senior V NAME CULVERHOUSE, HUGH F JR 1.2 NAME John C. Strickroot, Jr. 2 South Biscayne Boulevard, Suite 3599 STREET ADDRESS **ONE BISCAYNE TOWER, SUITE 3599** 13 STREET ADDRESS MIAMI FL 33131 Miami, Florida 33131 CITY-ST-ZIP 14 CITY - ST - ZIP X Addition DELFTE Change TITLE NAME 2.1 TITLE CAPPELLO, ANDREW N 2.2 NAME Scott Lynch 100 N. TAMPA STREET, SUITE 3000 3903 Northdale Boulevard, Suite 140E STREET ADDRESS 2.3 STREET ADDRESS **TAMPA FL 33602** Tampa Florida 33624 CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition 3.17006 TITLE PURCELL, THOMAS K NAME 3.2 NAME 225 WATER STREET, SUITE 1235 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32202-5145 3.4. CITY - S1 - 7IP DELETE XX Change Addition 4.1 TITLE V,T TITLE TAS NAME CASSIDY, EUGENE 4 2 NAME 3903 NORTHDALE BLVD., SUITE 140-E 4.3 STREET ADDRESS STREET ADDRESS **TAMPA FL 33624** CITY-ST-ZIP 4.4 CITY - S1 - ZIP DELETE 5.1 T(TLE **KX** Change Addition TITLE Assist.Sect., Assis.Treas. TRAMONTANO, LILLIAN NAME 5.2 NAME 3903 NORTHDALE BLVD., SUITE 140-E STREET ADDRESS 5.3 STREET ADDRESS Tampa FL 33624 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 61 JULE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS

CITY-ST-ZIP 6.4 CHY-\$1-7IP 14. Thereby 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 ground report is true and account 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 of the recovery or further certify that the information indicated on this annual report of the recovery or further states of the properties of the recovery or further states of the recovery or further states of the recovery or further states of the recovery of the recovery or further states of the recovery of the recovery or further states of the recovery of th

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May 18 1998 8:00am

Secretary of State