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

**PROFIT** CORPORATION ANNUAL REPORT

1999

HFC GENERAL PARTNER, INC.



DOCUMENT # P96000068298

FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90187 031 \*\*\*150.00



. •											
Principal Place	e of Business	Mailing Address	Mailing Address				i immerimme iran rokko dikeli molite na	IST BEST BETTE D	/( B) 18110 17010		
3903 NORTHDA SUITE 140-E		3903 NORTHDALE BLVD. SUITE 140-E									
TAMPA FL 33624		TAMPA FL 33624	TAMPA FL 33624				DO NOT WRITE IN THIS SPACE				
						3.	Date Incorporated or Qualifed				
							08/15/1996		<del></del>		
2. Principal Pl	lace of Business	2a. Mailing Address	2a. Mailing Address			4.	FEI Number			pplied For	
		26					59-3395048		No	ot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			5.	Certificate of Status Desired			Additional { equired	
City & State			City & State				Election Campaign Financing		\$5.00	May Be	
23		28	<b>⊢</b> , ′			"	Trust Fund Contribution	□.,	<b>*</b>	to Fees	
Zip	Country	Zip	Cour	ntrv		8	This corporation owes the curr	ent vear Inta	ngible		
<del></del>	25	— · -	0	,		0.	Personal Property Tax.		Yes	□No	
24	9. Name and Address of Cur		1			10.	Name and Address of New F		<u> </u>		
	3. Italie and Address of Our	Territ Hegioterea Agent		81	Name			_*			
BRYN, MARK J			L				<u> </u>				
ONE BISCAYNE TOER, STE 3599				82	Street A	Address (P	O. Box Number is Not Accepta	able)			
2 OUTH BISCAYNE BOULEVARD STE 3599			-	83			<del></del>				
MIAMI FL 33602				83						-	
MIN	VII FL 33002		ľ	84	City	•		FL	85 Zip	Code	
office or re	egistered agent, or both, in the Sta m familiar with, and accept the obl	502 and 607.1508, Florida Statutes ate of Florida. Such change was aut igations of, Section 607.0505, Florid	horized	bv '	the corpor	corporation ration's bo	n submits this statement for the pard of directors. I hereby accep	purpose of cot the appoin	hanging its tment as re	registered egistered	
SIGNATURE	Company of the S	The second second									
Signature, typed or printed name of registered agent and title if applicable. (NOTE:				tegistered Agent signature required							
12.		AND DIRECTORS	13.				ADDITIONS/CHANGES TO OF	FICERS AND			
TITLE	DP DELETE			1.1 TITLE					☐ Change	Addition	
NAME	CULVERHOUSE, HUGH F JR			1.2 NAME						İ	
STREET ADDRESS	ONE BISCAYNE TOWER, SUITE 3599			1.3 STREET ADDRESS							
CITY-ST-ZIP	MIAMI FL 33131		1.4 CITY-\$T-ZIP								
TITLE	VS DELETE		2.1 TTLE						☐ Change	Addition	
NAME.	LYNCH, SCOTT		2.2 NAME		[					ĺ	
STREET ADDRESS	STREET ADDRESS 3903 NORTHDALE BOULEVARD STE 140E			2.3 STREET ADDRESS					•		
CITY-ST-ZIP	TAMPA FL 33624		2, 4 CI	TY-S	T-ZIP					ł	
TITLE	D DELETE			3.1 TITLE			<del>- 19 1</del>	-	Change	Addition	
NAME	PURCELL, THOMAS K		3.2 NAME								
STREET ADDRESS 225 WATER STREET, SUITE 1235			3.3 STREET ADORESS							ļ	
,			3.4. City-St-ZIP								
CITY-ST-ZiP	JACKSONVILLE FL 32202-5	143 □ DELETE	4.1 BH		1-417				Change	Addition	
TITLE	VT	- OFFEIE									
NAME	CASSIDY, EUGENE			4. 2 NAME							

6.4 CITY-ST-ZIP Tampa, FL -33602 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.

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

54 CITY-ST-ZIP

4.4 CITY-\$T-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

3903 NORTHDALE BLVD., SUITE 140-E

3903 NORTHDALE BLVD., SUITE 140-E

100 N. Tampa Street, Suite 3000

**TAMPA FL 33624** 

**TAMPA FL 33624** 

TRAMONTANO, LILLIAN

Andrew N. Cappello

**ASAT** 

D, VP

X DELETE

DELETE

April 19, 1999

(305) 371-3600

☐ Change

☐ Change

☐ Addition

Addition