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CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## **DOCUMENT #** P96000102911 1. Corporation Name.

HCRM 1031 CORP.

## **FILED** Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90070 036 \*\*\*150.00

			·						
Principal Place	e of Business	Ma	ailing Address				A 1881188: tre ribura entri estra es		#1  1
2200 CORPORA	ITE BLVD NW		O CORPORATE BLVD N	W					
SUITE 401 SUITE 401				1 00404			DO NOT WRITE IN TU	IS SDACE	
BOCA RATON FL 33431 BOCA RATON FL 33431							DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified		
			-Oleranda				12/17/1996		
2. Principal Pl	ace of Business	2a.	Mailing Address				4. FEI Number		pplied For
21		26					65-0714884		lot Applicable
Suite, Apt.	#, etc.	27	Suite, Apt. #, etc.				5. Certifcate of Status Desired	•	Additional Required
City & State	e		City & State				6. Election Campaign Financing	\$5.00	May Be
23		28					Trust Fund Contribution	Added	to Fees
Zip	Country		Zip	Cou	intry		8. This corporation owes the current year		_ \
24	25	29		30			Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Curre	nt Regis	tered Agent				10. Name and Address of New Registere	d Agent	
4100	14 000D				81	Name			
HCRM CORP. 2200 CORPORATE BLVD NW				82	Street Addre	dress (P.O. Box Number is Not Acceptable)			
SUITE 401					83		and the second s		
	A RATON FL 33431								
					84	City	F	85 Zip	Code
office or re	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig	at Florid	la. Such change was a	uthorized	i by '	the corporation	ration submits this statement for the purpose is board of directors. I hereby accept the app	of changing is ointment as i	ts registered egistered
	Signature, typed or printed name of registered ag			_	Agen	it signature required			
12.	OFFICERS A	ND DIRE		13.			ADDITIONS/CHANGES TO OFFICERS		
TATLE	DP								
NAME	- : - · · · · · · · · · · · · ·		☐ DELETE	1,1 TI				☐ Change	Addition
	LASHER, WILLIAM G.		∐ DELETE	1.2 N	ME			☐ Change	Addition
STREET ADDRESS	8 TAHOE LANE		☐ DELETE	1.2 N	ME	T ADORESS		_ Change	Addition
STREET ADDRESS CITY-ST-ZIP				1.2 N/ 1.3 S1 1.4 CI	AME TREET TY-S1				
	8 TAHOE LANE		☐ DELETE	1.2 N/ 1.3 ST 1.4 CI 2.1 TO	AME TREET TY-ST TLE		,	☐ Change	
CITY-ST-ZIP	8 TAHOE LANE			1.2 N/ 1.3 S1 1.4 CI	AME TREET TY-ST TLE				
CITY-ST-ZIP	8 TAHOE LANE			1.2 N/ 1.3 S1 1.4 CI 2.1 TC 2.2 N/	ame Treet Ty-\$1 Tle ame				
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	8 TAHOE LANE		□ DELETE	1.2 N/ 1.3 ST 1.4 CI 2.1 TI 2.2 N/ 2.3 ST 2.4 C	AME TY-ST TLE AME TREET	T-ZIP  T ADDRESS		☐ Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS	8 TAHOE LANE			1.2 N/ 1.3 ST 1.4 CI 2.1 TI 2.2 N/ 2.3 ST 2.4 C	TY-ST TLE TREET TREET TREET TLE	T-ZIP  T ADDRESS			Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	8 TAHOE LANE		□ DELETE	1.2 NJ 1.3 ST 1.4 CI 2.1 TT 2.2 NJ 2.3 ST 2.4 C 3.1 TT 3.2 NJ	TY-ST TLE TME TREET TREET TTY-S TLE	T-ZIP  T ADDRESS TI-ZIP		☐ Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	8 TAHOE LANE		□ DELETE	1.2 NV 1.3 S1 1.4 CI 2.1 TI 2.2 NV 2.3 S1 2.4 C 3.1 TI 3.2 NV 3.3 S1	TY-ST TLE TREET TREET TY-S TLE TREET	T-ZIP  J ADDRESS T-ZIP  T ADDRESS		☐ Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	8 TAHOE LANE		☐ DELETE	1.2 NV 1.3 S1 1.4 CI 2.1 TI 2.2 NV 2.3 S1 2.4 C 3.1 TI 3.2 NV 3.3 S1 3.4 C	AME TY-ST TLE AME TREET TY-S TLE AME TREET TLE TREET	T-ZIP  T ADDRESS TI-ZIP		☐ Change	Addition Addition
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CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	8 TAHOE LANE		DELETE  DELETE  DELETE	1.2 NV 1.3 S1 1.4 CI 2.1 TT 2.2 NV 2.3 S1 2.4 C 3.1 TT 3.2 NV 3.3 S1 3.4 C 4.1 TT 4.2 N 4.3 S1 4.4 CI 5.1 TT 5.2 NV 5.3 S1 5.4 CI	TY-SI TLE TY-SI TY-SI	T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP  T ADDRESS T-ZIP		Change	Addition  Addition  Addition
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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 Aldrass, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR