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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000027971

1. Corporation Name

HRCF, INC.

FILED May 08, 1999 8:00 am Secretary of State

05-08-1999 90060 015 ***158.75



									ALI IGEID IEIL	
Principal Place of Business Mailing Address						1				
15201 ROOSEVELT BLVD STE. 112 CLEARWATER FL 33760 15201 ROOSEVELT BLVD CLEARWATER FL 33760 CLEARWATER FL 33760				112			DO NOT WRITI	E IN THIS S	SPACE	
						Ī	3. Date Incorporated or Qualifed			
						1	03/24/1998			1
Principal Place of Business 2a, Mailing Address							4. FEI Number		A	pplied For
21	26						59-3501994	/	N	ot Applicable
Suite, Apt.	pt. #, etc. Suite, Apt. #, etc. 27						5. Certifcate of Status Desired	×	· · · · ·	Additional equired
City & State		City & State					6. Election Campaign Financing		\$5.00	May Be
23		28				ļ	Trust Fund Contribution			to Fees
Zip	Country	Zip Cou			,		8. This corporation owes the current year Intangible			
24	25 29 30						Personal Property Tax.		Yes	□No
	9. Name and Address of Current	Registered Agent					10. Name and Address of New Re	gistered A	gent	
				81	Name					
HAYDON, ROGERS K JR.				82	Street	 Δddres:	s (P.O. Box Number is Not Acceptab	le)		
15201 ROOSEVELT BLVD., STE. 112				-	00000	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(,		
CLEARWATER FL 33760				83						
				84	City				85 Zip	Code
				"	City			FL	3	0010
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 A					nt signature r	equired w		DATE		
12.	OFFICERS AND			13.			ADDITIONS/CHANGES TO OFF		○ DIRECTO Change	
TITLE	D	☐ DEL	EIE 1	.1 TITLE					☐ Change	Addition
NAME	RUBIN, LESLIE A		1	.2 NAME						
STREET ADDRESS	1,22, 1,2, 2,22, 2,22, 2,22, 2,22			.3 STREE	TADORESS					
CITY-ST-ZIP	CLEARWATER FL 33760			4 CITY-S	T-ZIP					
TITLE	D	☐ DEL	ETE 2	.1 TITLE		İ			☐ Change	Addition
NAME	HAYDON, ROGERS K JR.		2	2 NAME						
STREET ADDRESS	10201 110 002 1221 22121 112			.3 STREE	T ADDRESS					
CITY-ST-ZIP				. 4 CITY-!	ST-ZIP	<u></u>			- <u></u>	
TITLE	D	☐ DEL	ETE 3	.1 TITLE					Change	☐ Addition
NAME	CUTLER, MELVIN S		3	.2 NAME						Į
STREET ADDRESS	The state of the s			3.3 STREET ADDRESS		-				
CITY-ST-ZIP	PALM HARBOR FL 34684			.4. CITY-	ST-ZIP					
TITLE	D	☐ DEL	ETE 4	4 TITLE		i			Change	☐ Addition

6.4 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 suppliemental 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 of 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 of on an attachment with an address, with all other like empowered.

4. 2 NAME

5.1 TITLE

5.2 NAME

8.1 TITLE

6.2 NAME

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

C/TY-ST-ZIP

FERRELL, RICHARD C

KISSIMMEE FL 34741

3379 W. VINE ST., STE. 309

MALLE AND TYPED OR WRINTED NAME OF SIGNING OFFICER OR DIRECTOR

□ DELETE

□ DELETE

1 4/2/99 927.539-077

Change

☐ Change

Addition

Addition

3R2E034 (11/98)