


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Sep 01, 1999 8:00 am
Secretary of State
09-01-1999 90005 040 ***550.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # P98000054296 Corporation Name HCI INTERNATIONAL, INC.		
Principal Place of Business OCEAN BLVD FL 34242	Mailing Address 5379 OCEAN BLVD SARASOTA FL 34242	



DO NOT WRITE IN THIS SPACE			
3. Date Incorporated or Qualified 06/15/1998			
Principal Place of Business 1543 SECOND STREET		2a. Mailing Address 1543 SECOND STREET	4. FEI Number 65-0842267
Suite, Apt. #, etc.		26. Suite, Apt. #, etc.	Applied For <input type="checkbox"/> Not Applicable
City & State SARASOTA, FLORIDA		27. City & State SARASOTA, FLORIDA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 34236	Country 25	Zip 34236	Country 30
9. Name and Address of Current Registered Agent ALLRED, PAUL C 5379 OCEAN BLVD SARASOTA FL 34242		10. Name and Address of New Registered Agent	
		81. Name HUTSON, LAWRENCE	
		82. Street Address (P.O. Box Number is Not Acceptable) 1543 SECOND STREET	
		83.	
		84. City SARASOTA	
		FL 85 Zip Code 34236	

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.

Lawrence C. Hutson
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<input checked="" type="checkbox"/> DELETE		<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
1. NAME PAUL ALLRED		1.1 TITLE PRESIDENT & CEO	
2. ADDRESS 5379 Ocean Blvd.		1.2 NAME LAWRENCE HUTSON	
3. CITY-STATE-ZIP Sarasota, FL 34242		1.3 STREET ADDRESS 1543 SECOND STREET	
<input type="checkbox"/> DELETE		1.4 CITY-STATE-ZIP SARASOTA, FL 34236	
4. NAME		2.1 TITLE	
5. ADDRESS		2.2 NAME	
6. CITY-STATE-ZIP		2.3 STREET ADDRESS	
<input type="checkbox"/> DELETE		2.4 CITY-STATE-ZIP	
7. NAME		3.1 TITLE	
8. ADDRESS		3.2 NAME	
9. CITY-STATE-ZIP		3.3 STREET ADDRESS	
<input type="checkbox"/> DELETE		3.4 CITY-STATE-ZIP	
10. NAME		4.1 TITLE	
11. ADDRESS		4.2 NAME	
12. CITY-STATE-ZIP		4.3 STREET ADDRESS	
<input type="checkbox"/> DELETE		4.4 CITY-STATE-ZIP	
13. NAME		5.1 TITLE	
14. ADDRESS		5.2 NAME	
15. CITY-STATE-ZIP		5.3 STREET ADDRESS	
<input type="checkbox"/> DELETE		5.4 CITY-STATE-ZIP	
16. NAME		6.1 TITLE	
17. ADDRESS		6.2 NAME	
18. CITY-STATE-ZIP		6.3 STREET ADDRESS	
<input type="checkbox"/> DELETE		6.4 CITY-STATE-ZIP	

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 contained 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 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 on Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Lawrence C. Hutson* 8/24/99 941-330-1991
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/99)