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CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT

1. Corporation Name

Principal Place of Business	Mailing Address
2200 CORPORATE BOULEVARD N.W. #401 BOCA RATON FL 33431	2200 Corporate Boulevard N.W Boca Raton FL 33431

FILED Apr 23, 1999 8:00 am Secretary of State

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							3. Date Incorporated of	or Qualifed		
							11/05/1998			
2. Principal P	lace of Business	2a. Mailing	Address		•		4. FEI Number			Applied For
21	·	26					Applied for	<u></u>		Not Applicable
Suite, Apt.	#, etc.	Suite, A	Apt. #, etc.				5. Certificate of Status	_		5 Additional
22		27					5. Constant of Constant			Required
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23	2	28		0			Trust Fund Contribu			ed to Fees
Zip	Country	Zip	ren	Country		1	8. This corporation ow	=		□ Na
24	25	29	30	<u> </u>			Personal Property T 10. Name and Address		☐ Yes	□No
	9. Name and Address of Curre	nt Registered Ag	jent	81	Name		10. Name and Address	S Of New Wediste	rea Agent	<u></u>
HCR	IM CORP.				- Name					
) CORPORATE BOULEVARD N.\	N #401		82	Street	Address	(P.O. Box Number is N	Not Acceptable)		
	A RATON FL 33431			83						
	71 1011 011 1 G 00 10 .			"						
	•			84	City			·	E 85 Z	Zip Code
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office or r	egistered agent, or both, in the State	e of Florida. Such	change was auth	norized by t	the corpo	oration's	board of directors. I he	ereby accept the a	ppointment as	s registered
agent. I a	m familiar with, and accept the obligation	ations of, Section	607.0505, Florida	a Statutes.	•					
SIGNATURE		The second second	MOTE: D-					DATE		
12.	Signature, typed or printed name of registered age	Micana and a appropries.								
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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 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.

SIGNATURE: