

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

FILED
May 21 1998 8:00am
Secretary of State

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # V08088 (9)
1. Corporation Name
H & C RETIREMENT CENTER, INC.



Principal Place of Business
5605 NW 27TH COURT
LAUDERHILL FL 33313
US

Mailing Address
5605 NW 27TH CT
LAUDERHILL FL 33313-2307

DO NOT WRITE IN THIS SPACE

| | | | | | |
|--------------------------------|-----------------|------------------------|-----------------|---|-------------------------------|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 01/21/1992 | |
| 21 Suite, Apt. #, etc. | 22 City & State | 26 Suite, Apt. #, etc. | 27 City & State | 4. FEI Number 65-0345247 | Applied For Not Applicable |
| 23 Zip | 24 Country | 28 Zip | 29 Country | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| | | | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| | | | | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | |
|---|--|---|--|
| 9. Name and Address of Current Registered Agent | | 10. Name and Address of New Registered Agent | |
| RAMRUP, HANSRAM 5605 NW 27TH CT LAUDERHILL FL 33313 | | 81 Name RAMRUP, HANSRAM 82 Street Address 2834 NW 55 Ave - 1B 83 84 City LAUDERHILL FL 85 Zip Code 33313 | |

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 HANSRAM RAMRUP - ADMINISTRATOR - 4/14/98
Signature, typed or printed name of registered agent and the applicable (NOT Registered Agent signature required when reinstating) DATE

| | | | |
|-----------------------------------|------------------------|---|--|
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE PTC | NAME RAMRUP, HANSRAM | 1.1 TITLE | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| STREET ADDRESS 5605 W 27TH COURT | | 1.2 NAME | |
| CITY-ST-ZIP LAUDERHILL FL | | 1.3 STREET ADDRESS | |
| TITLE SD | NAME RAMRUP, HANSRAM J | 1.4 CITY-ST-ZIP | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| STREET ADDRESS 5605 W 27TH CT. | | 2.1 TITLE | |
| CITY-ST-ZIP LAUDERHILL FL | | 2.2 NAME | |
| TITLE D | NAME RAMRUP, RAMCHAUD | 2.3 STREET ADDRESS | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| STREET ADDRESS 5606 NW 27TH COURT | | 2.4 CITY-ST-ZIP | |
| CITY-ST-ZIP LAUDERHILL FL | | 3.1 TITLE | |
| TITLE D | NAME RAMRUP, SOMMATTIE | 3.2 NAME | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| STREET ADDRESS 5605 NW 27 CRT | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP LAUDERHILL FL | | 3.4 CITY-ST-ZIP | |
| TITLE | NAME | 4.1 TITLE | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| STREET ADDRESS | | 4.2 NAME | |
| CITY-ST-ZIP | | 4.3 STREET ADDRESS | |
| TITLE | NAME | 4.4 CITY-ST-ZIP | Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/> |
| STREET ADDRESS | | 5.1 TITLE | |
| CITY-ST-ZIP | | 5.2 NAME | |
| TITLE | NAME | 5.3 STREET ADDRESS | |
| STREET ADDRESS | | 5.4 CITY-ST-ZIP | |
| CITY-ST-ZIP | | 6.1 TITLE | |
| TITLE | NAME | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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 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.

SIGNATURE HANSRAM RAMRUP 4/14/98 (954) 733-1840

CR2E034 (10/97)