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**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**CORPORATION  
ANNUAL REPORT  
1995**



**FLORIDA DEPARTMENT OF STATE  
Sandya B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS**

**DOCUMENT # H83455 (6)**

**1. Corporation Name  
HPBM, INC.**

<b>Principal Place of Business</b> % CT CORPORATION SYSTEM 8751 W. BROWARD BLVD. PLANTATION FL 33324	<b>Mailing Address</b> % CT CORPORATION SYSTEM 8751 W. BROWARD BLVD. PLANTATION FL 33324
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DO NOT WRITE IN THIS SPACE.

<b>3. Date Incorporated or Qualified</b> 10/31/1985	<b>3a. Date of Last Report</b> 03/22/1994
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<b>2. Principal Place of Business</b>	<b>2a. Mailing Address</b>	<b>4. FEI Number</b> 36-3393673	<b>Applied For</b> Not Applicable
<b>21</b> 200 S. Andrews Ave Suite, Apt. #, etc. <b>22</b> 6th Floor City & State <b>23</b> Ft. Lauderdale FL Zip <b>24</b> 33301	<b>26</b> c/o CT Corporation System Suite, Apt. #, etc. <b>27</b> 1200 S. Pine Island Rd City & State <b>28</b> Plantation, FL Zip <b>29</b> 33324	<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
		<b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
		<b>8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

<b>9. Name and Address of Current Registered Agent</b>	<b>10. Name and Address of New Registered Agent</b>
<b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324</b>	<b>81 Name</b> <b>82 Street Address (P.O. Box Number is Not Acceptable)</b> <b>83</b> <b>84 City</b> <b>FL</b> <b>85 Zip Code</b>

**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** \_\_\_\_\_ **DATE** \_\_\_\_\_  
(Signature typed or printed name of registered agent and title, if applicable) (NOTE: Registered Agent signature required when conducting)

<b>12. OFFICERS AND DIRECTORS</b>		<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY ST ZIP</b>	<b>S</b> <b>MUEHLSTEIN, JOHN H.</b> <b>161 N. CLARK ST., STE. 3100</b> <b>CHICAGO IL</b>	<b>1.1 TITLE</b> <b>1.2 NAME</b> <b>1.3 STREET ADDRESS</b> <b>1.4 CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY ST ZIP</b>	<b>D</b> <b>PEDERSEN, PEER</b> <b>161 NORTH CLARK ST., STE. 3100</b> <b>CHICAGO IL</b>	<b>2.1 TITLE</b> <b>2.2 NAME</b> <b>2.3 STREET ADDRESS</b> <b>2.4 CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY ST ZIP</b>	<b>D</b> <b>MELK, J.</b> <b>950 N MICHIGAN #4108</b> <b>CHICAGO IL</b>	<b>3.1 TITLE</b> <b>3.2 NAME</b> <b>3.3 STREET ADDRESS</b> <b>3.4 CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY ST ZIP</b>	<b>D</b> <b>BUNTROCK, DEAN</b> <b>3003 BUTTERFIELD RD.</b> <b>OAK BROOK IL</b>	<b>4.1 TITLE</b> <b>4.2 NAME</b> <b>4.3 STREET ADDRESS</b> <b>4.4 CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY ST ZIP</b>	<b>PTD</b> <b>ROCHON, RICHARD</b> <b>200 S. ANDREWS AVE., 6TH FLOOR</b> <b>FT. LAUDERDALE FL</b>	<b>5.1 TITLE</b> <b>5.2 NAME</b> <b>5.3 STREET ADDRESS</b> <b>5.4 CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY ST ZIP</b>		<b>6.1 TITLE</b> <b>6.2 NAME</b> <b>6.3 STREET ADDRESS</b> <b>6.4 CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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**14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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. 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:** \_\_\_\_\_  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**  
**Richard C. Rochon, Director**