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PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mathias
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L12166 (9)

1. Corporation Name
HMRZ ENTERPRISES, INC.



Principal Place of Business

**1515 RINGLING BLVD
1000
SARASOTA FL 34236
US**

Mailing Address

**1515 RINGLING BLVD
1000
SARASOTA FL 34236
US**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

g. Name and Address of Current Registered Agent

**SHAW, ANDREW
1515 RINGLING BLVD
1000
SARASOTA FL 34236**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.001(2) and 617.01(1)(b), Florida Statutes, the above named corporation certifies 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 617.01(2)(b), Florida Statutes.

SIGNATURE

Signed by (to be filled in by the agent or the corporation)

Signed by (to be filled in by the corporation)

Date

12. OFFICERS AND DIRECTORS

TITLE	DPT	<input type="checkbox"/> DELETE
NAME	MASTENBROEK, HENK	
STREET ADDRESS	1510 S TUTTLE AVE	
CITY-STATE-ZIP	SARASOTA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add/for
2. NAME		
3. STREET ADDRESS		
4. CITY-STATE-ZIP		
5. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add/for
6. NAME		
7. STREET ADDRESS		
8. CITY-STATE-ZIP		
9. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add/for
10. NAME		
11. STREET ADDRESS		
12. CITY-STATE-ZIP		
13. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add/for
14. NAME		
15. STREET ADDRESS		
16. CITY-STATE-ZIP		
17. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add/for
18. NAME		
19. STREET ADDRESS		
20. CITY-STATE-ZIP		

14. I do hereby certify that the information supplied with this report is true, correct, and complete to the best of my knowledge and belief. I further certify that the information indicated on this annual report or supplemental annual report is true, correct, and complete 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 trustee or person in control and management thereof, and that my name appears in Block 12 or 13 of this report. I am not a partner, partner-in-interest, or partner-in-trust in the corporation.

SIGNATURE: *Henk Mastenbroek* **HENK MASTENBROEK**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL-8-96

941-366-9573

CR2E034 (12/95)