

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **1. Corporation Name** *HB VENTURES INC*
P95000057477

Principal Place of Business *1747 VAN BUREN ST*
Hol

3. Date Incorporated or Qualified *7-10-95* 3a. Date of Last Report

2. Principal Place of Business
21 *HOLLYWOOD FL*
Suite, Apt. #, etc. *#790*
22 City & State
23 *HOLLYWOOD FL*
Zip *33020* Country
24 *33020* 25 Country
26 *SAME*
27 Suite, Apt. #, etc.
28 City & State
29 Zip Country
30

4. FEI Number *65-0604035* Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
Pres
Howard Blitz
1747 VAN BUREN # 790
HOLLYWOOD FL 33020

10. Name and Address of New Registered Agent
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 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 *[Signature]* DATE

12. OFFICERS AND DIRECTORS

TITLE	<i>Pres</i>	<input type="checkbox"/> DELETE
NAME	<i>HOWARD BLITZ</i>	
STREET ADDRESS	<i>1747 VAN BUREN # 790</i>	
CITY - ST - ZIP	<i>HOLLYWOOD FL 33020</i>	
TITLE	<i>Sec/TRE</i>	<input type="checkbox"/> DELETE
NAME	<i>KATIE BLITZ</i>	
STREET ADDRESS	<i>1747 VAN BUREN</i>	
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<i>SEC/TRE</i>
2.3 STREET ADDRESS	<i>KATIE BLITZ</i>
2.4 CITY - ST - ZIP	<i>1747 VAN BUREN ST #790</i> <i>HOLLYWOOD FL 33020</i>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<i>70000185308</i>
6.3 STREET ADDRESS	<i>-06/06/96--01022--023</i>
6.4 CITY - ST - ZIP	<i>***200.00</i>

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 119.07(3)(k), 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: *[Signature]* *Pres* DATE: *5/30* Captive Phone #: *954 920 0876*

CR2E034 (12/95)