

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Aug 19, 1999 8:00 am**  
**Secretary of State**

08-19-1999 90009 034 \*\*\*550.00

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**PROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P96000062653**

1. Corporation Name  
**HCM INDUSTRIES, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
 1515 SOUTH FEDERAL HIGHWAY  
 SUITE 401  
 BOCA RATON FL 33432

Mailing Address  
 1515 S FEDERAL HWY  
 401  
 BOCA RATON FL 33432  
 US

3. Date Incorporated or Qualified  
**07/26/1996**

2. Principal Place of Business  
 21 Suite, Apt. #, etc.

2a. Mailing Address  
 26 Suite, Apt. #, etc.

4. FEI Number  
**65-0691183**

Applied For  
 Not Applicable

22 City & State  
 27 City & State

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

23 Zip Country  
 24 25 29 30

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

8. This corporation owes the current year Intangible Personal Property.  Yes  No

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**CORPORATION SERVICE COMPANY**  
 1201 HAYS STREET  
 TALLAHASSEE FL 32301

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

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SPERLING, SEYMOUR	
STREET ADDRESS	1167 HILLSBORO MILE #116	
CITY-ST-ZIP	HILLSBORO FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SPERLING, AMY	
STREET ADDRESS	345 HUDSON ST. 12TH FLOOR	
CITY-ST-ZIP	NEW YORK NY	
TITLE	COOD	<input type="checkbox"/> DELETE
NAME	FOX, SUSAN	
STREET ADDRESS	1515 S FEDERAL HIGHWAY, STE 401	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	CFO	<input type="checkbox"/> DELETE
NAME	Hall, Nicholas	
STREET ADDRESS	1515 S Federal Hwy #401	
CITY-ST-ZIP	Boca Raton FL 33432	
TITLE	VP Research & Development	<input type="checkbox"/> DELETE
NAME	Frank DeCarlo Jr	
STREET ADDRESS	1515 S Federal Hwy #401	
CITY-ST-ZIP	Boca Raton, FL 33432	
TITLE	VP Franchise Operation	<input type="checkbox"/> DELETE
NAME	Richard Gurley	
STREET ADDRESS	1515 S Federal Hwy #401	
CITY-ST-ZIP	Boca Raton, FL 33432	

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	1515 S Federal Hwy #401
2.4 CITY-ST-ZIP	Boca Raton, FL 33432
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 checked="" type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: SIGNATURE REQUIRED FOR NICHOLAS HALL Date: 8/2/99 Daytime Phone #: 561 361 7600

CR2E034 (5/99)