

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **V63096** (4)

1. Corporation Name  
**H.D.W. SERVICES, INC.**



Principal Place of Business  
**7129 BLUE EARTH CT  
ORLANDO FL 32818**

Mailing Address  
**4544 DAVIES ST  
APOPKA FL 32712  
US**

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29 30

9. Name and Address of Current Registered Agent

**HERNANDEZ, MARIO  
4544 DAVIES ST  
APOPKA FL 32712**

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 607.01(2) and 607.15(2), 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, Sections 607.01(2) and 607.15(2), Florida Statutes.

SIGNATURE

12. SIGNATURE OF REGISTERED AGENT

12.1 TITLE	PD	<input type="checkbox"/> DELETE
NAME	HERNANDEZ, MARIO	
STREET ADDRESS	4544 DAVIES ST	
CITY, ST, ZIP	APOPKA FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	HERNANDEZ, ROSALVA	
STREET ADDRESS	4544 DAVIES ST	
CITY, ST, ZIP	APOPKA FL	
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

13.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I declare by certifying that the information reported herein is true, accurate, and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information included on this annual report or application and 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, that the names of officers and directors are those of the corporation as reported in Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 in this report or on an application with an affidavit.

SIGNATURE: *Mario Hernandez*  
SIGNATURE ALSO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/96

CR2E034 (12/95)