FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN -1 PM 11:15

DOCUMENT # **474293** **(8)**

1. Corporation Name
HEMA CORPORATION

Principal Place of Business	Mailing Address
2941 FOWLER STREET/POB 7410 FORT MYERS FL 33911	2941 FOWLER STREET/POB 7410 FORT MYERS FL 33911

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/17/1975**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite Apt. #, etc. — 22:
Suite Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: County — 25:
Zip — 29: County — 30:

4. FEI Number: **59-1583760** ☐ 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

BEDOR, GARY
2941 FOWLER ST.
FT. MYERS FL 33901

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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Gary Bedor ✓ Gary Bedor DATE: 5/31/95
[Typed or printed name of registered agent and title if agent is corporation] [Signature of registered agent or officer of corporate registered agent]

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	11 TITLE	☒ Change ☐ Addition
NAME	NIEDERMAN, HOWARD	12 NAME	
STREET ADDRESS	2941 FOWLER ST.	13 STREET ADDRESS	Retired
CITY ST ZIP	FT. MYERS FL	14 CITY ST ZIP	
TITLE	D	21 TITLE	☒ Change ☐ Addition
NAME	NIEDERMAN, MARILYN	22 NAME	
STREET ADDRESS	2941 FOWLER ST.	23 STREET ADDRESS	Retired
CITY ST ZIP	FT. MYERS FL	24 CITY ST ZIP	
TITLE	D	31 TITLE	☒ Change ☐ Addition
NAME	BRILL, ELAINE	32 NAME	
STREET ADDRESS	1555 REYNARD DR.	33 STREET ADDRESS	Retired
CITY ST ZIP	FT. MYERS FL	34 CITY ST ZIP	
TITLE	DV	41 TITLE	☒ Change ☐ Addition
NAME	BRILL, MARTIN	42 NAME	
STREET ADDRESS	1555 REYNARD DR	43 STREET ADDRESS	Retired
CITY ST ZIP	FT. MYERS FL	44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☒ Addition
NAME		52 NAME	PSD
STREET ADDRESS		53 STREET ADDRESS	Bedor, Gary
CITY ST ZIP		54 CITY ST ZIP	2941 Fowler St. Fort Myers, FLA
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

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)(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: ✓ Gary Bedor Gary Bedor 5/31/95 813 334-4157
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone Number

0480484 PP