FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION. ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F22655

(7)

Mailing Address

H.M.F. INVESTMENTS, INC.

Principal Place of Business

FILED May 19 1997 8:00am Secretary of State

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FDIC-100 COLONY SO. BOX 68 2300 ATLANTA GA 30361 US		FDIC-100 COLONY SQ. BOX 68 2300 ATLANTA GA 30301-0088 US				,	to Incor	porated or Qualified	1 94	Date of Last	Poport		
US		03					03/10/1981				3a. Date of Last Report 05/01/1996		
2. Principal Place of Business 2a. Mailing Address								Numbe		L 		Applied For	
21FDIC-1201 W. Peachtree St. 26 FDIC-1201 W				. Peachtree St.			59-2142124			Ī	Not Applicable		
Suite, Apt	Suite, Apt. #, etc.					5. Certificate of Status Desired S.75 Addi			Additional				
22Suite 1	27 Suite 1800					3. Ce	nincate	OI Status Desired	6.5.1	Fee	Required		
City & State	City & State	,				6. Ele	ction Ca	ampaign Financing		\$5.0	May Be		
₂₃ Atlanta		28 Atlanta, GA					Trust Fund Contribution						
Zip	Country Zip		******	Country				•	ration has liability for			s. 199.032,	
				U.S. Florida Statutes						L Yes No ess of New Registered Agent			
	9, Name and Address of Current	Hegistered Agent	····	81	Name		10. Na	me and	Address of New K	egistere	a Agent		
	CORPORATION SYSTEM			"	Name						1		
1200 SOUTH PINE ISLAND ROAD 'PLANTATION FL 33324					2 Street Address (P.O. Box Number is Not Acceptable)								
				83								<u> </u>	
•				84	City				· · · · · · · · · · · · · · · · · · ·	F	85 Zip	Code	
agent fla	to the provisions of Sections 607.0502 egistered agent, or both, in the State c en familiar with, and accept the obligat	and 607.1508, Florida Statut of Florida. Such change was ions of, Section 607.0505, Fl	es, the author orida (e above- rized by Statutes	named o the corp	corpo oratio	ration so n's boar	bmits the	nis statement for the ectors. I hereby acce	purpose pt the a	of changing ppointment a	its registered as registered	
SIGNATURE	Segment are typical or printed name of registered agent	and title if applicable (NOT	E: Regis	stered Agen	l signature i	required	when reini	taling)		DATE			
12.	OFFICERS AND			13.					CHANGES TO OFFI	CERS A	ND DIRECTO	PRS IN 12	
THEF	DP	DELETE	1	1.1 TITLE							X Change	Addition	
NAME	FARRELL, CHARLES P JR		•	1.2 NAME									
STREET ADDRESS	FDIC-100 COLONY SQ. BOX 68		1	1.3 STREET A					Peachtree	St.,	Suite	1800	
C-TY - ST - ZIP	ATLANTA GA 30361		1	1.4 CITY-ST	-ZIP 🏚	t1a	nta,	GA	30309				
THLE	DVAS	☐ DELETE	2	2.1 TITLE							Change	Addition	
NAME	RAY, PATRICIA J		2	2.2 NAME	}								
STREET ADDRESS	FDIC-100 COLONY SQ. BOX 68		2	2.3 STREET A	DDRESS 🛊	DIC	-120	1 W.	Peachtree	St.,	Suite	1800	
€:1Y - S* - ZIP	ATLANTA GA 30361			2. 4 CITY-ST					30309				
TITLE	DST	X DELETE	3	3.1 TITLE	T)	ST	_				Change	Addition	
NAME	rossetti, Johnn P		3	3.2 NAME	14	awr	ence	W. :	Lockwood				
STREET ADDRESS	FDIC-100 COLONY SQ. BOX 68		3	3.3 STREET A	ODRESS 🏗	DIC	-120	1 W.	Peachtree	St.	Suite	1800	
CHY-ST-ZIP	ATLANTA GA 30361			3.4. CITY-ST					30309				
TI⁻LF	VPAS	X DELETE	4	4.1 TITLE			-				Change	Addition	
NAME	HAACK, FAYE O		4	4 2 NAME									
STREET ADDRESS	245 PEACHTREE CENTER AVE.	, SUITE 1100	4	4.3 STREET A	NDDAESS								
CITY+ST-7IP	ATLANTA GA 30303	······································	4	4.4 CITY-ST	- ZIP						————		
TPLE	VPAS	X DELETE	5	5.1 TITLE	ŀ						L_ Change	Addition	
NAMÉ	MILTON, SANDRA	A. I. III	5	5.2 NAME	-								
STREET ALLORESS	245 PEACHTREE CENTER AVE.	, suite 1100	5	5.3 STREET A	ODRESS								
CHY-ST-ZIP	ATLANTA GA 30303	······································		5.4 CITY - ST	- ZIP				H.W				
TITEE		☐ DELETE	6	6.1 TITLE							Change	Addition	
IMAM!			6	6.2 NAME									
STREET ADDRESS			6	6.3 STREET A	ADDRESS								
CHY-ST-ZIP			6	6.4 CITY - ST	- ZIP				····				

14. I do 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.

(404) 817-2519