

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F60730** (1)

1. Corporation Name
HRM PROVISION CO., INC.



Principal Place of Business: **4722 NW SECOND AVE #C105 BOCA RATON FL 33431**
Mailing Address: **4722 NW SECOND AVE #C105 BOCA RATON FL 33431**

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

3. Date Incorporated or Qualified: **01/04/1982**
3a. Date of Last Report: **04/25/1995**
4. FET Number: **59-2155251**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$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
**HERMAN, LESLIE
4722 NW SECOND AVE #C105
BOCA RATON FL 33431**

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 607.1504, 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 _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HERMAN, LESLIE	
STREET ADDRESS	4722 NW 2 AVE C105	
CITY-STATE-ZIP	BOCA RATON FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	DILLON, TIMOTHY	
STREET ADDRESS	529 DEERCREEK RUN	
CITY-STATE-ZIP	DEERFIELD BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
15. NAME	
16. STREET ADDRESS	
17. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. TITLE	
19. NAME	
20. STREET ADDRESS	
21. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. TITLE	
23. NAME	
24. STREET ADDRESS	
25. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntary, for public use, and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and correct, 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 bankruptcy receiver 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 affidavit.

SIGNATURE: *Leslie J. Herman* **Leslie J. Herman**
DATE: **4/14/96** **407 994-2221**

CR2E034 (12/95)