

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

**FILED**  
**Apr 27, 1999 8:00 am**  
**Secretary of State**

04-27-1999 90184 049 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # F96000001022

1. Corporation Name  
**HMJ ENTERPRISES, INC.**



Principal Place of Business  
**903 BITTERS ROAD, STE 313  
 SAN ANTONIO TX 78216**

Mailing Address  
**903 BITTERS ROAD, STE 313  
 SAN ANTONIO TX 78216**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 21 **16640 SAN PEDRO**  
 Suite, Apt. #, etc.  
 22  
 City & State  
 23 **SAN ANTONIO TX**  
 Zip Country  
 24 **78232** 25  
 29 **78232** 30

2a. Mailing Address  
 26 **16640 SAN PEDRO**  
 Suite, Apt. #, etc.  
 27  
 City & State  
 28 **SAN ANTONIO TX**  
 Zip Country  
 29 **78232** 30

3. Date Incorporated or Qualified  
**02/28/1996**

4. FEI Number  
**74-2635896** 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 owes the current year intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.  
 526 E. PARK AVENUE  
 TALLAHASSEE FL 32301**

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 accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable. (NOT E: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>JONES, OLNEY S</b>	
STREET ADDRESS	<b>5406 JAMESWAY COURT</b>	
CITY-ST-ZIP	<b>CLARKSVILLE MD</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>STAFFORD, RHONDA</b>	
STREET ADDRESS	<b>2127 MOLLYS WAY</b>	
CITY-ST-ZIP	<b>SAN ANTONIO TX</b>	
TITLE	<b>STD</b>	<input type="checkbox"/> DELETE
NAME	<b>FAIRBAIRN, SUSAN</b>	
STREET ADDRESS	<b>2626 SPRING LANE</b>	
CITY-ST-ZIP	<b>AUSTIN TX</b>	
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

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>210 S MILTON AVE</b>
1.4 CITY-ST-ZIP	<b>BALTIMORE MD 21224</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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 type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input 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 2 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **X Susan Fairbairn**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/20/99**  
 Date

Daytime Phone #

CR2E034 (11/98)

15293331