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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9800006610

1. Corporation Name

HHMR & S BUSINESS SERVICES, INC.

Principal Place of Business . Mailing Address					1 1981190 LIVE 18191 IBLIS BRITT BBILL SOUN BRITT BRIT		
			S BLVD.: SOUTH. #330				
CLEVELAND OH 44131 CLEVE		CLEVELAND OH 44131-	EVELAND OH 44131-		DO NOT WRITE IN THIS SPACE	DO NOT WRITE IN THIS SPACE	
SEE BELOW SEE BELOW		1					
					12/04/1998	1	
Principal Place of Business 2a. Mailing Address					4. FEI Number Applied Fo	or .	
21 801 WEST BAY DR. 26 SAME AS #2			<u> </u>		APPLIED FOR 34-1884913 Not Applica	able	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additions	· I	
22 SUITE 200 27					Fee Required	==+	
City & Stat	t e	City & State	City & State		6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees	• [
23 LARGO	Country	7ip.	Zip Country				
Zip 33770		29 30	-		8. This corporation owes the current year intangible Personal Property Tax. ☐ Yes ☐ No	`	
24 53//	9. Name and Address of Curren		' !————————————————————————————————————		10. Name and Address of New Registered Agent	$\neg \neg$	
	ı	. <u></u>	81	Name			
A.G.C. CO.			82	Street A	Address (P.O. Box Number is Not Acceptable)		
200 SOUTH ORANGE AVE., SUITE 2300			102	Suserr	Addies It .O. Dox Hullion is Not Addeptionly]	
ORLANDO FL 32801			83				
			84	City	FL 85 Zip Code	\dashv	
				the above-named corporation submits this statement for the purpose of changing its registered			
office or r	registered agent, or both, in the State im familiar with, and accept the obliga	of Florida. Such change was auth tions of, Section 607.0505, Florida	ionzed by a Statutes	the corpo	oration's board of directors. I hereby accept the appointment as registered	' -	
12,		D DIRECTORS	13.	t agriature to	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1	12	
	PC	☐ DELETE	1.1 TITLE		Change Ac	ddition	
NAME	REEVES, KEITH W	·	1.2 NAME				
			1.3 STREE	ADDRESS .	,	İ	
CITY-ST-ZIP	CLEVELAND OH 44131	i	1.4 CITY-S	T-ZIP			
TITLE	S .	☐ DELETE	2.1 TITLE		Change Ac	ddition	
NAME	RUTIGLIANO, BARBARA A 222N			}		}	
STREET ADDRESS 6480 ROCKSIDE WOODS BLVD SOUTH SUITE 330 2.35			2.3 STREE	TADDRESS		-	
Crty-St-zip-	CLEVELAND OH 44131		2. 4 C/TY-5	ST-ZIP- *		1.000	
TITLE	[' · · ·		3.1 TITLE	ļ	☐ Change ☐ Ac	ddition	
ional one, societies			3.2 NAME	[•	.	
			i i	T ADDRESS		}	
CITY-ST-ZIP	CLEVELAND OH 44131		3.4. C/TY-S 4.1 TITLE	T-ZIP	Change CA	ddition	
TITLE	ľ	□ betele	4.1 IIILE 4.2 NAME	ľ			
NAME	[1	FADDRESS			
STREET ADDRESS CITY-ST-ZIP	Į		4.4 CITY-S	l	,	- }	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ A	ddition	
NAME		_	5.2 NAME	Į		- 1	
STREET ADDRESS		•	5.3 STREE	T ADDRESS			
CITY-ST-ZIP	` ~		5.4 CITY-S	T-ZIP			
			6.1 TITLE		☐ Change ☐ A	ddition	
ALA LOTS	1		6.2 NAME]			

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 of 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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADORESS

AVIRD AND TIPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

<u> 3-15-99</u>

(210)447-9000 Dáytime Phone # __CR2E034 (1.1)