

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **G12289** (6)

1. Corporation Name

H L M ASSOCIATES, INC.



Principal Place of Business

Mailing Address

**%MENDOZA, CALLAS & SCHILLING
251 ROYAL PALM WAY, P.O. BOX 2715
PALM BEACH FL 33480**

**%MENDOZA, CALLAS & SCHILLING
251 ROYAL PALM WAY, P.O. BOX 2715
PALM BEACH FL 33480**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

12/07/1982

3a. Date of Last Report

01/31/1995

4. FEI Number

59-2241636

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

10. Name and Address of New Registered Agent

**MENDOZA, CALLAS & SCHILLING
251 ROYAL PALM WAY
6TH FLOOR
PALM BEACH FL 33480-1310**

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 of person or persons authorized to register agent and then applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE
NAME

STREET ADDRESS
CITY - ST - ZIP

**PD
MERIN, HERBERT L.
251 ROYAL PALM WAY
PALM BEACH FL**

☐ DELETE

TITLE
NAME

STREET ADDRESS
CITY - ST - ZIP

**TDS
MERIN, RITA L.
251 ROYAL PALM WAY
PALM BEACH FL**

☐ DELETE

TITLE
NAME

STREET ADDRESS
CITY - ST - ZIP

**VD
MERIN, NEIL E.
251 ROYAL PALM WAY
PALM BCH. FL**

☐ DELETE

TITLE
NAME

STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

TITLE
NAME

STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

TITLE
NAME

STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE
1.2 NAME

1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME

2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME

3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME

4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME

5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME

6.3 STREET ADDRESS
6.4 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)(k), 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 entered on an attachment with an address).

SIGNATURE: (x)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Neil E. Merin, Vice President

Date

Daytime Phone #

(x) 2/29/96 407/471-8000

CR2E034 (12/95)