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May 07 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G22397 (5)

1. Corporation Name
H.R.M. REALTY, INC.

Principal Place of Business

% HAROLD R. MARDENBOROUGH
227 ARAGON AVENUE
CORAL GABLES FL 33134

Mailing Address

% HAROLD R. MARDENBOROUGH
227 ARAGON AVENUE
CORAL GABLES FL 33134-5008

XXXXXXXXXXXXXXXXXXXXXXXXXXXX

3. Date Incorporated or Qualified
01/19/1983

3a. Date of Last Report
04/16/1996

2. Principal Place of Business

21 1216 Sorolla Avenue

Suite, Apt. #, etc.

22 City & State

23 Coral Gables, Fl

24 Zip
33134

25 Country
Dade

2a. Mailing Address

26 1216 Sorolla Avenue

Suite, Apt. #, etc.

27 City & State

28 Coral Gables, Fl

29 Zip
33134

30 Country
Dade

4. FEI Number

59-2249371

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

9. Name and Address of Current Registered Agent

MARDENBOROUGH, HAROLD R.

227 ARAGON AVENUE XXXXXXXXXXXXXXXXXXXX

CORAL GABLES FL 33134

1216 Sorolla Avenue

Coral Gables, Fl 33134

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.

HAROLD R. MARDENBOROUGH

SIGNATURE *Harold R. Mardenborough*

Signature: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

APR 14 1997

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE
NAME MARDENBOROUGH, HAROLD R.
STREET ADDRESS 1216 Sorolla Avenue
CITY-ST-ZIP Coral Gables, Fl 33134

TITLE PD ☐ DELETE
NAME MARDENBOROUGH, HAROLD R.
STREET ADDRESS 1216 Sorolla Avenue
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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.

SIGNATURE: *Harold R. Mardenborough*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 29 1997

Date

(305) 444-2727

Daytime Phone #

CR2E034 (9/96)