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FILED

May 12 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # H37019

(7)

1. Corporation Name

HMRS REAL ESTATE, INC.

Principal Place of Business

8655 MAGUIRE BLVD  
STE 450  
ORLANDO FL 32803  
US

Mailing Address

C/O ALVIN R. SCHNEIDER  
P.O. BOX 2242  
ORLANDO FL 32802-2242  
US

C/O Edward D. McDade

3. Date Incorporated or Qualified

01/08/1985

3a. Date of Last Report

07/30/1996

2. Principal Place of Business

21 3203 Lawton Road

Suite, Apt. #, etc.

22 Suite 215

City & State

23 Orlando, FL

Zip

24 32803

Country

2a. Mailing Address

26 P. O. Box 2242

Suite, Apt. #, etc.

27

City & State

28 Orlando, FL

Zip

29 32802

Country

30

4. FEI Number

59-2493131

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

10. Name and Address of New Registered Agent

SCHNEIDER, ALVIN R.  
8655 MAGUIRE BLVD  
STE 450  
ORLANDO FL 32803

81 Name

Edward D. McDade

82 Street Address (P.O. Box Number is Not Acceptable)

3203 Lawton Road

83

Suite 215

84 City

Orlando

FL

85 Zip Code

32803

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. Edward D. McDade

SIGNATURE

Edward D. McDade

April 22, 1997

DATE

12.

Edward D. McDade

OFFICER OR DIRECTOR

5-5

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

DP

☐ DELETE

NAME

MCDADE, EDWARD D.

STREET ADDRESS

1820 SANTA MARIA PLACE

CITY-ST-ZIP

ORLANDO FL

TITLE

DVP

☒ DELETE

NAME

SCHNEIDER, ALVIN R.

STREET ADDRESS

27 N. MAHOGUE

CITY-ST-ZIP

ORLANDO FL

TITLE

DST

☒ DELETE

NAME

SCHNEIDER, SCOTT A.

STREET ADDRESS

2017 CAMPANERO

CITY-ST-ZIP

ORLANDO FL

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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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: Alvin R. Schneider

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/22/97 407-894-4400

Daytime Phone #

0096495

CR2E034 (9/96)