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PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Feb 27 1997 8:00am
Secretary of State

DOCUMENT # H61790

(2)

1. Corporation Name

HMAH ASSOCIATES, INC.



Principal Place of Business

95 E. MITCHELL- HAMMOCK RD
SUITE 202
OVIEDO FL 32765
US

Mailing Address

P O BOX 580788
230 CATTAIL COURT
ORLANDO FL 32806-6103

3. Date Incorporated or Qualified

06/13/1985

3a. Date of Last Report

04/26/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

4. FEI Number

59-2546354

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

AKERMAN, ALEXANDER, III
230 CATTAIL COURT
ORLANDO FL 32806

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 in ink of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DS ☐ DELETE

NAME AKERMAN, IRENE
STREET ADDRESS 230 CATTAIL CT.
CITY-ST-ZIP ORLANDO FL

TITLE D ☐ DELETE

NAME PRICE, ROBERT E.
STREET ADDRESS 585 OPENAKI RD.
CITY-ST-ZIP DENVER NJ

TITLE D ☐ DELETE

NAME LANG, THOMAS F.
STREET ADDRESS 818 S SUMMERLIN AVENUE
CITY-ST-ZIP ORLANDO FL

TITLE DPT ☐ DELETE

NAME AKERMAN, ALEXANDER III
STREET ADDRESS 230 CATTAIL COURT
CITY-ST-ZIP ORLANDO FL

TITLE D ☐ DELETE

NAME CROW, C. WAYNE
STREET ADDRESS 406 JUBILEE CIRCLE
CITY-ST-ZIP BONAIRE GA

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:

Alexander Akerman III
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

17 February 1997

(407) 977-0200

Date

Daytime Phone #

0007642

CR2E034 (9/96)