

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **J02745 (4)**

1. Corporation Name
H.M.F. ENTERPRISES, INC.



Principal Place of Business
**36822 C.R. 54
ZEPHYRHILLS FL 33541
US**

Mailing Address
**P.O. BOX 637
ZEPHYRHILLS FL 33539
US**

3. Date Incorporated or Qualified 03/07/1986	3a. Date of Last Filing 03/31/1995
4. FEIN Number 59-2860745	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip Country	28. Zip Country
24. Zip	29. Zip
25. Country	30. Country

9. Name and Address of Current Registered Agent

**FOSTER, HARRY M
36822 CR 54 WEST
ZEPHYRHILLS FL 33541**

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. City	FL 85. Zip Code

11. Pursuant to the provisions of Sections 607.0900 and 607.1308, 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 607.0905, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: PTD NAME: FOSTER, HARRY M. STREET ADDRESS: 29302 WHIPPOORWILL LN WESLEY CHAPEL FL CITY, ST, ZIP: VD TITLE: PASKERT, GEORGE H. NAME: 212 S. HESPERIDES ST. TAMPA FL STREET ADDRESS: SD CITY, ST, ZIP: FOSTER, LINDA L. NAME: 29302 WHIPPOORWILL LN WESLEY CHAPEL FL STREET ADDRESS: [] DELETE NAME: [] DELETE STREET ADDRESS: [] DELETE CITY, ST, ZIP: [] DELETE NAME: [] DELETE STREET ADDRESS: [] DELETE CITY, ST, ZIP: [] DELETE	1. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1. NAME 1. STREET ADDRESS 1.4 CITY, ST, ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition 2. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2. NAME 2. STREET ADDRESS 2.4 CITY, ST, ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition 3. NAME 3. STREET ADDRESS 3.4 CITY, ST, ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition 4. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4. NAME 4. STREET ADDRESS 4.4 CITY, ST, ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition 5. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5. NAME 5. STREET ADDRESS 5.4 CITY, ST, ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition 6. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6. NAME 6. 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 changed, or on an attachment with an address.

SIGNATURE: *George H. Paskert* **George H. Paskert** 3/29/96 (813) 7821538
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Vice-President Date District File No.

CR2E034 (12/95)