

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Jun 02 1997 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # J02745 (4)
 1. Corporation Name
H.M.F. ENTERPRISES, INC.

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|---|---|
| Principal Place of Business 36822 HWY 54 W ZEPHYRHILLS FL 33541 | Mailing Address PO BOX 637 ZEPHYRHILLS FL 33539 |
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|---|--|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country |
|---|--|

| | |
|--|--|
| 3. Date Incorporated or Qualified 03/07/1986 | 3a. Date of Last Report 03/31/1996 |
| 4. FEI Number 59-2860745 | Applied For <input type="checkbox"/> 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 | |

9. Name and Address of Current Registered Agent
FOSTER, HARRY M
36822 HWY 54 WEST
ZEPHYRHILLS, FL 33541

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|--|
| TITLE | PTD | 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FOSTER, HARRY M. <input type="checkbox"/> DELETE | 1.2 NAME | |
| STREET ADDRESS | 29302 WHIPPOORWILL LN | 1.3 STREET ADDRESS | 1047 ROYAL PASS ROAD |
| CITY-ST-ZIP | WESLEY CHAPEL, FL. | 1.4 CITY-ST-ZIP | TAMPA, FL 33606 |
| TITLE | VD <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PASKERT, GEORGE H. | 2.2 NAME | |
| STREET ADDRESS | 212 S. HESPERIDES ST | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | TAMPA, FL 33609 | 2.4 CITY-ST-ZIP | |
| TITLE | SD <input type="checkbox"/> DELETE | 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FOSTER, LINDA L. | 3.2 NAME | |
| STREET ADDRESS | 29302 WHIPPOORWILL LN | 3.3 STREET ADDRESS | 1047 ROYAL PASS ROAD |
| CITY-ST-ZIP | WESLEY CHAPEL FL | 3.4 CITY-ST-ZIP | TAMPA FL 33606 |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | 600002207206 |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | -06/10/97--01035--009 |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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: George H. Paskert **GEORGE H. PASKERT** 5/27/97 **(813) 782-1538**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR VICE PRESIDENT Date Daytime Phone #

CR2E034 (9/96)