

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

CORPORATION ANNUAL REPORT 1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **J10821** (3)

95 JUN -7 AM 10:50

1. Corporation Name
HMAG, INC.

Principal Place of Business: 4237 N PONY DR. BEVERLY HILLS, FL 32665
P.O. BOX 1796
CRYSTAL RIVER FL 34423-1796
US

Mailing Address: 4237 N PONY DR. BEVERLY HILLS, FL 32665
P.O. BOX 1796
CRYSTAL RIVER FL 34423-1796
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **04/21/1986**
3a. Date of Last Report: **05/01/1994**

4. FEI Number: **59-2672497**
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

2. Principal Place of Business

21. **4237 N. PONY DR.**
22. Suite, Apt. #, etc.

23. City & State: **BEVERLY HILLS, FL**
24. Zip: **34465**
25. Country: **USA**

2a. Mailing Address

26. **4237 N. PONY DR.**
27. Suite, Apt. #, etc.

28. City & State: **BEVERLY HILLS, FL**
29. Zip: **34465**
30. Country: **USA**

9. Name and Address of Current Registered Agent

WATTS, WILLIAM R. JR.
4237 NORTH PONY DRIVE
BEVERLY HILLS FL 32665

10. Name and Address of New Registered Agent

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City: **FL** B5 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 _____ DATE _____
Signature (typed or printed) name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERGERON, CHARLES L.	1.2 NAME	
STREET ADDRESS	810 BORDERS CT #14	1.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL	1.4 CITY - ST - ZIP	
TITLE	DT	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WATTS, MARY ELLEN	2.2 NAME	
STREET ADDRESS	4237 N. PONY DRIVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	BEVERLY HILLS FL	2.4 CITY - ST - ZIP	
TITLE	PD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WATTS, WILLIAM R.	3.2 NAME	
STREET ADDRESS	4237 N. PONY DRIVE	3.3 STREET ADDRESS	
CITY - ST - ZIP	BEVERLY HILLS FL	3.4 CITY - ST - ZIP	
TITLE		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		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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: W. R. Watts **W. R. WATTS** 5/30/95 904/246-2004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #