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Jun 19 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # J14823 (5)**

1. Corporation Name  
**H.M.F. PROPERTIES, INC**

Principal Place of Business <b>36822 HWY 54 W ZEPHYRHILLS, FL 33541 US</b>	Mailing Address <b>P O BOX 637 ZEPHYRHILLS FL 33539 US</b>
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

3. Date Incorporated or Qualified <b>95/19/1986</b>	3a. Date of Last Report <b>04/03/96</b>
4. FEI Number <b>59-2376325</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> 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	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83.	
84. City	

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

TITLE <b>PTD</b>	NAME <b>FOSTER, HARRY M.</b>	DELETED
STREET ADDRESS <b>29302 WHIPPOORWILL LN</b>		
CITY-ST-ZIP <b>WESLEY CHAPEL FL</b>		
TITLE <b>SD</b>	NAME <b>FOSTER, LINDA L.</b>	DELETED
STREET ADDRESS <b>29302 WHIPPOORWILL LN</b>		
CITY-ST-ZIP <b>WESLEY CHAPEL FL</b>		
TITLE <b>VAS</b>	NAME <b>PASKERT, GEORGE H</b>	DELETED
STREET ADDRESS <b>212 S HESPERIDES ST</b>		
CITY-ST-ZIP <b>TAMPA FL</b>		
TITLE <b>D</b>	NAME <b>PASKERT, GEORGE H</b>	DELETED
STREET ADDRESS <b>212 S HESPERIDES ST</b>		
CITY-ST-ZIP <b>TAMPA, FL</b>		
TITLE	NAME	DELETED
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	DELETED
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	1.2 NAME <b>1047 ROYAL PASS ROAD</b>
1.3 STREET ADDRESS <b>TAMPA FL 33606</b>	1.4 CITY-ST-ZIP
2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	2.2 NAME <b>1047 ROYAL PASS ROAD</b>
2.3 STREET ADDRESS <b>TAMAP FL 33606</b>	2.4 CITY-ST-ZIP
3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	3.2 NAME <b>TAMPA FL 33609</b>
3.3 STREET ADDRESS <b>TAMPA FL 33609</b>	3.4 CITY-ST-ZIP
4.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	4.2 NAME <b>TAMPA FL 33609</b>
4.3 STREET ADDRESS <b>TAMPA FL 33609</b>	4.4 CITY-ST-ZIP
5.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	5.2 NAME <b>PC</b>
5.3 STREET ADDRESS <b>6.19</b>	5.4 CITY-ST-ZIP
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	6.2 NAME <b>000002218180</b>
6.3 STREET ADDRESS <b>-06/20/97-01027-033</b>	6.4 CITY-ST-ZIP
6.4 CITY-ST-ZIP <b>***165.00</b>	

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, V. PRES** Date \_\_\_\_\_ 813-782-1538

CR2E034 (9/96)