FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **J36727** **(2)**

1. Corporation Name

HLM CAPITAL RESOURCES, INC.

Principal Place of Business

7900 GLADES ROAD
SUITE 655
BOCA RATON FL 33434

Mailing Address

7900 GLADES ROAD
SUITE 655
BOCA RATON FL 33434

3. Date Incorporated or Qualified: **10/07/1986**

3a. Date of Last Report: **05/01/1995**

4. FEI Number: **59-2748488** [ ] 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. The corporation is liable for intangible tax under s. 199.032, Florida Statutes. [ ] Yes [ ] No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip 24 | County 25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip 29 | County 30

9. Name and Address of Current Registered Agent

MISCHLER, HARLAND L.
7900 GLADES ROAD, SUITE 655
BOCA RATON FL 33434-1104

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is N.O.T. Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section 607.0505 and 607.1808, Florida Statutes, the undersigned corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The street address of the registered office and the name of the registered agent are identical to those as last reported with the Department of State. The undersigned corporation hereby accepts the appointment as registered agent and agrees to comply with the provisions of Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	DC	[ ] DELETE
NAME	MISCHLER, HARLAND L.	
STREET ADDRESS	7303 GATESIDE DRIVE	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	[ ] DELETE
NAME	MCGOLDRICK, MICHAEL	
STREET ADDRESS	1885 ASYLUM AVE	
CITY-ST-ZIP	W. HARTFORD CT	
TITLE	DS	[ ] DELETE
NAME	MCGOLDRICK, MARILYN W.	
STREET ADDRESS	1885 ASYLUM AVE	
CITY-ST-ZIP	W. HARTFORD CT	
TITLE	D	[ ] DELETE
NAME	MISCHLER, THOMAS O.	
STREET ADDRESS	7303 GATESIDE DRIVE	
CITY-ST-ZIP	BOCA RATON FL	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE		[X] Change [ ] Add More
NAME		
STREET ADDRESS	17037 BROOKWOOD DRIVE	
CITY-ST-ZIP		
TITLE		[ ] Change [ ] Add More
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] Change [ ] Add More
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[X] Change [ ] Add More
NAME		
STREET ADDRESS	17037 BROOKWOOD DRIVE	
CITY-ST-ZIP		
TITLE		[ ] Change [ ] Add More
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] Change [ ] Add More
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

14. I do hereby certify that to the information supplied herein or attached hereto, including but not limited to the information required by Section 119.07(3)(k), Florida Statutes, I hereby certify that the information indicated on this report or supplemental 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 of this report, or is added to Block 13 by an attached amendment, or is reflected as a change in Block 13.

SIGNATURE: H.L. Mischler 4-1-96 (407) 477-2450

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)