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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K64991

(8)

HBM ASSOCIATES, INC.

FILED								
May 01 1997 8:00am								
Secretary of State								



Principal Place of Business % HARRY MELTZER 1056 N.W. 88TH WAY PLANTATION FL 33322		Mailing Add % HARRY M				1 100 1011 1015 01111 21010 10110 10101 1101 0101 2101 2101 2101 0101 2101 1901			
		1056 N.W. B	1056 N.W. 68TH WAY PLANTATION FL 33322-5029						
PLANIATION F	L 35022	PLANTATION	i Fi. 33322- 3 029	•		3. Date incorporated or Qualified 02/06/1989	3a. Date o	f Last Report 1996	
2. Principal P	lace of Business	2a. Mailing	2a. Mailing Address			4. FEI Number	<u></u>	Applied For	
21		26	26			NOT APPLICABLE Not Applicable			
Sulte, Apt.	#, etc.	Suite, A	Suite, Apt. #, etc.			5. Certificate of Status Desired	□ \$	8.75 Additional	
22		27	27			3. Certificate of Status Desireo	LJ	Fee Required	
City & State	9	· ·	City & State			6. Election Campaign Financing		5.00 May Be	
23		28				Trust Fund Contribution		Added to Fees	
Zip	Country Zip Country		,	8. This corporation has liability for					
24	25	29		30]Yes □ N		
	9. Name and Address of Curr	ent Registered Ag	ent		T	10. Name and Address of New Re	gistered Age	nt	
	tzer, harry			81	Name				
1956 N.W. 68TH WAY				82	82 Street Address (P.O. Box Number is Not Acceptable)				
PLA	NTATION FL 33322]			,		
				83					
				0.4	Other			-	
				84	City		FL 8	Zip Code	
11. Pursuant	to the provisions of Sections 607.0	502 and 607,1508,	Florida Statute	s, the abov	c-named co	rporation submits this statement for the p	ourpose of cha	nging its registered	
office or r	egistered agent, or both, in the Sta	te of Florida, Such	change was au	thorized by	y the corpor	orporation submits this statement for the pation's board of directors. I hereby acce	ot the appointr	mont as registered	
	in familial with, and accept the ob-	igations of Section	607.00005, 1101	ida glaidio	٥.				
SIGNATURE	Signature, typed or printed name of registered a	oent and tite if anothrable	(NO1E	Ronistered And	ant signature rec	quired when reinstating)	DATE		
12.		ND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFIC		ECTORS IN 12	
TITLE	PTO		DELETE	1.1 TOLE				Change Addition	
NAME	MELTZER, HARRY			1.2 NAME	1				
STREET ADDRESS	1056 N.W. 88TH WAY				ADDRESS				
CITY-ST-ZIP	PLANTATION FL			1.4 CHTY-1					
TITLE	SVD		DELETE	21 TITLE	51.7(1			Change Addition	
NAMÉ	MELTZER, BERTHA	•		22 NAME					
STREET ADDRESS	1056 N.W. 88TH WAY				ADDRESS				
	PLANTATION FL								
CITY ST-ZIP	T GOVERNOR V E		DELETE	2 4 CiTY- 31 TITLE	51 · 21P			Change Addition	
NAME		·		3.2 NAME	1		L	onergo zaditisti	
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP			DELETE	3.4 CITY-	ST-ZIP			Change Addition	
TITLE '		1	DEFETE	4.1 TITLE			LJ	Change L_ Addition	
NAME				4.2 NAME					
STREET ADDRESS					ADDRESS		ı	0.4	
CITY-ST-ZIP			DELETE	4.4 CITY - 3	S1-7/P		——————————————————————————————————————	/	
TITLE		1	DELETE	5.1 TATLE			4//	Change Addition	
NAME				5 2 NAME			ЛН	ヘルノハ	
STREET ADDRESS				53 STREE	ADDRESS		-41)	11/97	
CITY-ST-ZIP				5.4 CITY-5	31 - 7IP		II	-/-/-//	
TITLE			DELETE	6.1 THUE		and a first street arms arms and a street		Change Addition	
NAME				6.2 NAME		40000216)() [] 4 47	+	
STREET ADDRESS				6.3 STREE	ADDRESS	-05/05/97010	# (==UZ5		
CITY-ST-ZIP				6.4 CITY - :	ST-ZIP	***165.00			

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 eath; 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.