

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 # **L13525 (5)**
1. Corporation Name
H M B, INC.



Principal Place of Business: **3737 VILLAGE GREEN DR SARASOTA FL 34239 US**
Mailing Address: **3737 VILLAGE GREEN DR SARASOTA FL 34239 US**

2. Principal Place of Business 21 2928 Hillview St. 22 Suite, Apt. #, etc.		2a. Mailing Address 26 2928 Hillview St. 27 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 08/31/1989	3a. Date of Last Report 08/09/1995
23 Sarasota, FL		28 Sarasota, FL		4. FEI Number 65-0143085	Applied For <input type="checkbox"/> Not Applicable
24 34239		29 34239		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
25		30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
26		31		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent NEUENFELDT, JOHN E. 3737 VILLAGE GREEN DR. SARASOTA FL 34239				10. Name and Address of New Registered Agent	
				B1 Name	Walters, Jodi A.
				B2 Street Address (P.O. Box Number is Not Acceptable)	2928 Hillview Street
				B3	
				B4 City	Sarasota, FL
				B5 Zip Code	34239

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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE: *Jodi A. Walters* **JODI A. WALTERS PRES** **6-12-96**

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	P/D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	NEUENFELDT, JOHN E			1.2 NAME	Walters, Jodi A.		
STREET ADDRESS	3737 VILLAGE GREEN DR			1.3 STREET ADDRESS	2928 Hillview Street		
CITY-ST-ZIP	SARASOTA FL			1.4 CITY-ST-ZIP	Sarasota, FL 34239	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				2.2 NAME			
STREET ADDRESS				2.3 STREET ADDRESS			
CITY-ST-ZIP				2.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
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			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME	400001837134		
STREET ADDRESS				6.3 STREET ADDRESS	-07/17/96--01090--027		
CITY-ST-ZIP				6.4 CITY-ST-ZIP	***225.00		

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 119.07(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: *Jodi A. Walters* **Jodi A. Walters** **6/12/96** **(941) 957-1926**

CR2E034 (12/95)