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 # P05096

(3)

HMC ENTERPRISES, INC.

Principal Place of Business

Mailing Address

2858 RINGLING RIVE

FILED Apr 30 1997 8:00am Secretary of State



SARASOTA FL 34237		SARASOTA FL 34237-5331					
					3. Date incorporated or Qualified 02/25/1985	3a. Date of Last 04/24/1996	
2. Principal Place of Business		2a. Mailing Address	2a. Mailing Address		4. FEI Number	- 	Applied For
21		26	26		36-3000255	Not Applicable	
Sulte, Apt. #, etc.		Suite, Apt. #, etc	Suite, Apt. #, etc		E Contilionale of Status Decised	\$8.75	Additional
22		27	- t		5. Certificate of Status Desired	Feet	Required
City & State		City & State	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 inlangible tax under s. 199.032,		
24	25	29	30	··· -	Florida Statutes Yes No		
	9. Name and Address of Curre	ent Hegistered Agent	8	Name	10. Name and Address of New Reg	listered Agent	
COATS, HAROLD 2858 RINGLING BLVD.			"	Name			
	ASOTA FL 34237		8:		fress (P.O. Box Number is Not Acceptable	o)	
			8	3			
			8	City		85 Z ₁	Code
11. Pursuant	to the provisions of Sections 607 Of	02 and 607 1500 Florido Ctatul				FL S	
office or r	egistered agent, or both, in the Stat m familiar with, and accept the obli	te of Florida. Such change was a	authorized t	ye hamed cor by the corpora	rporation submits this statement for the pration's board of directors. I hereby accep	urpose of changing t the appointment a	its registered is registered
=	m ramiliar with, and accept the oblig	gations of, acciton 607.0005, Fit	onda Statuti	9 S.			
SIGNATURE	Signature, typod or printed name of registered as	TCN) and title if applicable and title and	L: Registered A	gent signature requ	ited when reinstating)	DATE	
12.			13.	**	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTO	RS IN 12
TITLE	PD	☐ DELETE	1.1 Till E			☐ Change	Addition
NAME			1.2 NAME				13
STREET ADDRESS	2858 RINGLING BLVD.		1.3 STREFT ADDRESS				
CITY-ST-ZIP	SARASOTA FL		1.4 CITY-	S1-ZIP			
TITLE	VD DELETE		2.1 TITLE			Change	Addition C
NAME	WIDERBERG, WILLARD B.		2.2 NAME				
STREET ADDRESS	217 N MCLEAN BLVD.		2.3 STREET ADDRES				
CITY-ST-ZIP	ELGIN IL		2 4 City St - ZiP				
TITLE	STD DELETE		3.1 TITLE			Change	Addition
Name	COTO DINOLINO DI VID		3.2 NAME				
STREET ADDRESS	DARAGOTA EL			1 ADDRESS			
CITY-ST-ZIP			34 CITY	ST-ZIP			
TITLE NAME			4 1 TITLE			∐ Change	Addition
			4 2 NAMI				
STREET ADDRESS			1	T ADDRESS			
CITY-ST-ZIP TITLE	****	DELETE	4.4 C/1Y-	S1-7IP		Change	Addition
NAME			5.2 NAME			Change	Addition
STREET ADDRESS				LIBBOSOS			
CITY-ST-ZIP			i i	1 ADDRESS			
TITLE			5.4 CITY - 6.1 TITLE	21 - AP		Change	Addition
NAME			6.2 NAME			Gridings	
STREET ADDRESS			1	1 VDDBCCC			
CITY-ST-ZIP			6.3 STREET ADDRESS 6.4 City - St- Zip				
OCCUPACE TO			D.4 CHY-	\$1-ZIF			

I do hereby certify that the information supplied with this filling 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.