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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000025103 (1) Vek Corporation Name

HRM SERVICES, INC

Principal Place of Business Mailing Address

1950 N. DIXIE HWY

SULTE A

4950 N. DIXIE HWY SUITE A

T. LAUDERDALE, FL 33334

FT. LAUDERDALE, FL33334

May 17, 1999 8:00 am Secretary of State

05-17-1999 90011 044 \*\*\*158.75

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed 04/06/1993

2. Principal Place of Business		2a. Mailing Address	2a. Mailing Address		4. FEI Number		AF	plied For
21	26				65-0580654		No	t Applicable
Suite, Apt.					5. Certifcate of Status Desired	A	\$8.75 Fee Re	
City & State			City & State		Election Campaign Financing     Trust Fund Contribution		<b>v</b> - · ·	May Be to Fees
Zip	Country	Zip 29	Zip Country		This corporation owes the cur     Personal Property Tax.	rent year Ini	tangible	Ω/No
24	9. Name and Address of Curr	_ \=-\	1001		10. Name and Address of New	Registered	Agent	_
	3. Harrie died Addition of Taxis			81 Name				
	INELLY, JOHN S ESQUIRE O N. DIXIE HIGHWAY		ļ	82 Street Ad	ddress (P.O. Box Number is Not Accept	able)	<del></del>	
SUITE "A" FORT LAUDERDALE FL 33334			Ì	83				
run	II DAUDENDALE FL 33334			84 City		FL	85 Zip	Code
office or r agent. I a	am familiar with, and accept the obli	ta of Florida. Such change wi	is authorized	by the corpora	orporation submits this statement for the ation's board of directors. I hereby acce	purpose of pt the appo	intment as re	gistered
office or r	registered agent, or both, in the Stat am familiar with, and accept the obli- Signature, typed or printed name of registered a	te of Florida. Such change wig gations of, Section 607.0505, gent and life if applicable.	Florida Statu	tes.	numed when reinstations)	DATE		
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office or ragent. I a SIGNATURE  12. TITLE NAME	registered agent, or both, in the State am familiar with, and accept the oblig Signature, typed or printed name of registered a OFFICERS A	te of Florida. Such change wigations of, Section 607.0505, gent and title if applicable.  PAND DIRECTORS  DELETE	IS authorized Florida Statu IOTE: Registered / 13. 1.1 TIT 1.2 NA/ 1.3 STI 1.4 CIT	Agent signature requirements  LE  ME  REET ADDRESS  Y-ST-ZIP	numed when reinstations)	DATE	ND DIRECTO	DRS IN 12
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office or ragent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	registered agent, or both, in the State am familiar with, and accept the obligation of printed name of registered a OFFICERS A KENNELLY, JOHN B 333 KEY PALM RD. BOCA RATON FL 33432	te of Florida. Such change wigations of, Section 607.0505, gent and title if applicable.  PAND DIRECTORS  DELETE	13.   1.1 TIT   1.2 NA   1.3 STI   1.4 CT   2.1 TIT   2.2 NA   2.3 STI   2.4 CT   3.1 TIT   1.3 TIT   2.4 CT   2.4 CT   2.4 CT   3.1 TIT   2.5 CT   3.1 TIT   3.5 CT   3.1 TIT   3.1 TIT   3.5 CT   3.1 TIT   3.1 TI	Agent signature required.  LE ME REET ADDRESS Y-\$T-ZP LE ME REET ADDRESS IY-\$T-ZP LE	numed when reinstations)	DATE	ND DIRECTO	DRS IN 12
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14. I hereby cestify 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, with all other like empowered. CITY-ST-ZIP

6.4 CITY-ST-ZIP

4.3 STREET ADDRESS

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME 8.3 STREET ADDRESS

DELETE

DELETE

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STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY ST ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

JOHN B KENNELLY

☐ Change

Addition

Addition