## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

	1	199	6	

HJM G	ROUP, INC.									
Principal Place of Business		Mailing Address			-					III
	DALE BLVD #352		3837 NORTHDALE BLVD.: #352 TAMPA FL 33624							
TAMPA FL 3	3624	IAMPA PL 33024			3. Date Incorporated or Ou	alified 3a	. Date o	Last Re	eport	
					05/06/1993	I .	05/01/	1995		
Principal	Place of Business	2a. Mailing Address			4. FEI Number		00,01,	AF	pl.ed	For
2. Principal Place of Business		26			59-3180414		Not Applicable			
Suite, Apt	t #, etc	Suite, Apt. #, etc.			5. Certificate of Status Des	ired 🗀	\$8.75 Additional Fee Required			
]					J. Certineale of Starts Des					
2 City & State		City & State		6. Election Campaign Final Trust Fund Contribution	ncing [	\$5.00 May Be Added to Fees				
Zip	Country	Zíp	Count	ry	8. This corporation has liab			under s	199.0	032.
	25	29	30		Florida Statutes	Yes	<u> </u>			
	9. Name and Address of Curr	ent Registered Agent	8	1 Name	10. Name and Address of	New Registe	rea Agei	π		··································
tt	JTZ FL 33549			33						
				City			FL.		Code	
office of agent 1	nt to the provisions of Sections 607.0 r registered agent or both, in the Statlam familiar with, and accept the ob-	ate of Florida, Such change was ligations of, Section 607.0505, F	ites the abor authorized b lorida Statute	ve-named cor by the corpora es	pred where ristating)	or the purpos y accept the a	e of char appointm	ng/ng its ent as r	regis egiste	stered ered
	r registered agent, or both, in the Stall am familiar with, and accept the ob- Stormine by ellopproblems entrepresed	age of Figure 2 Such change was higations of, Section 607.0505. F	tes the aborauthorized blorida Statute  Or Registered 2  13.	ve-named cor by the corpora es	mon's board of directors 1 morely	or the purpos y accept the a	e of char appointm	ng ng its ent as r	regis egiste	stered ered
office of agent I SIGNATURE	r registered agent, or both, in the Stall am familiar with, and accept the ob- Stormine by ellopproblems entrepresed	ite of Floridal Such Charige was ligations of, Section 607.0505, F agent and the diapplicable the	ites the aborauthorized blorida Statute  2't Registered 2  13.	ve-named corpora es	pred where ristating)	or the purpos y accept the a	e of char appointm	ng/ng its ent as r	regis egiste	stered ered
office of agent I SIGNATURE	r registered agent, or both, in the Stat I am familiar with, and accept the ob- Stock rectified a productive on registered.  OFFICERS.  PSD JOHNSON, CATHERINE	age of Figure 2 Such change was higations of, Section 607.0505. F	tes the aborauthorized blorida Statute  13.  11 III.	ve-named corporal es	pred where ristating)	or the purpos y accept the a	e of char appointm	ng ng its ent as r	regis egiste	stered ered
office of agent. I gent. I gen	r registered agent or both, in the Statian familiar with, and accept the ob- Story ze by a large section and registered OF LICERS.  PSD JOHNSON, CATHERINE S 12805 N 52ND ST	age of Figure 2 Such change was higations of, Section 607.0505. F	tes the abo authorized b lorida Statute Dr. Registered / 13. 11 lill 12 NAM 13 STR	ve-named corporal es  Agent signature ren  f  AE  EEI ADDRESS	pred where ristating)	or the purpos y accept the a	e of char appointm	ng ng its ent as r	regis egiste	stered ered
office of agent 1 IGNATURE  2. TLE AME TREET ADDRES	r registered agent, or both, in the State am familiar with, and accept the ob- Signature by a Lagrandian and registered.  OFFICERS.  PSD JOHNSON, CATHERINE 12605 N 52ND ST TAMPA FL 33617	age of Fig. 16 Section 607.0505. F age of and the stample able. The AND DIRECTORS  DELETE	tes the abo authorized blorida Statute  13.  11 lill 12 NAM 13 SIR 14 CIN	ve-named corporal systems of the corporal signature regions.  For the corporal signature regions of the corporal signature regions. The corporal signature regions of the corporal signature regions of the corporal signature regions. The corporal signature regions of the corporal signature regions of the corporal signature regions. The corporal signature regions of the corporal s	pred where ristating)	or the purpos y accept the a	e of char appointm	ng ng its ent as r	regis egiste	stered ered
office of agent 1 signature  2. Hite SAME TREET ADDRES HITE STATE HITE HITE STATE HITE HITE STATE HITE HITE STATE HITE STATE HITE STATE HITE STATE HITE STATE HITE STATE HITE HITE STATE HITE STATE HITE HITE STATE HITE HITE HITE HITE	r registered agent, or both, in the State am familiar with, and accept the ob- Signable by characteristic or registered.  OFFICERS.  PSD JOHNSON, CATHERINE 12605 N 52ND ST TAMPA FL 33617 VP	age of Figure 2 Such change was higations of, Section 607.0505. F	tes the abo authorized bloorida Statute  13.  11 IIII. 12 NAM. 13 STR 14 CTS 21 IIII.	ve-named corporate very the corporate signature rent for the corpo	pred where ristating)	or the purpos y accept the a	e of char appointm	ng ng ils ent as r RECTOR Change	regis egiste	stered ered 12 Addilio
office of agent 1 agent 1. SIGNATURE  2. ITLE AME TREET ADDRES HTY-ST-ZIP LITLE	r registered agent, or both, in the State am familiar with, and accept the ob- Signa recipied accept the ob- OFFICERS.  PSD JOHNSON, CATHERINE 12805 N 52ND ST TAMPA FL 33617 VP HUFFMAN, DENNIS	age of Fig. 16 Section 607.0505. F age of and the stample able. The AND DIRECTORS  DELETE	tes the abo authorized b lorida Statute 13. 11 IIII 12 NAM 13 SIR 14 CIV 21 IIIL	ve-named corporate synthetrenamed corporates synthetrenamed corporates synthetrenamed synthetren	pred where ristating)	or the purpos y accept the a	e of char appointm	ng ng ils ent as r RECTOR Change	regis egiste	stered ered 12 Addilio
office or agent 1 IGNATURE  2. TLE  AME IREET ADDRES  ITY-ST-ZIP  TLE  AME IREET ADDRES	r registered agent or both, in the State am familiar with, and accept the ob- Signature by Contractive on registered OFFICERS.  PSD JOHNSON, CATHERINE 12605 N 52ND ST TAMPA FL 33617 VP HUFFMAN, DENNIS 18615 AVE. CAPRI	age of Fig. 16 Section 607.0505. F age of and the stample able. The AND DIRECTORS  DELETE	tes the aborauthorized blorida Statute  13. 11 IIII 12 NAM 13 SIR 14 CIV 21 TITL 22 NAM 23 SIR	ve-named corporal session of the corporal session of t	pred where ristating)	or the purpos y accept the a	e of char appointm	ng ng ils ent as r RECTOR Change	regis egiste	stered ered 12 Addillo
office of agent 1 (GNATURE)  2. TLE  MME  TREET ADDRES  TLY-ST-ZIP  TLE  AME  TREET ADDRES  TREET ADDRES	r registered agent, or both, in the State am familiar with, and accept the ob- Signa recipied accept the ob- OFFICERS.  PSD JOHNSON, CATHERINE 12805 N 52ND ST TAMPA FL 33617 VP HUFFMAN, DENNIS	age of Fig. 16 Section 607.0505. F age of and the stample able. The AND DIRECTORS  DELETE	tes the aborauthorized blorida Statute  13. 11 IIII 12 NAM 13 SIR 14 CIV 21 TITL 22 NAM 23 SIR	ve-named corporal synthetic corp	pred where ristating)	or the purpos y accept the a	e of char appointm	ng ng ils ent as r RECTOR Change	regis egiste	stered ered 12 Additio
office of agent 1 ignature 22.  ILE  AME  ITHE TADDRES  ITY-ST-ZIP  TLE  AME  IREEI ADDRES  ITY-ST-ZIP  TLE  TLE  TLE  TLE  TLE  TLE  TLE	r registered agent or both, in the State am familiar with, and accept the ob- Signature by Contractive on registered OFFICERS.  PSD JOHNSON, CATHERINE 12605 N 52ND ST TAMPA FL 33617 VP HUFFMAN, DENNIS 18615 AVE. CAPRI	age of and the manple able (the AND DIRECTORS DELETE)	tes the aborauthorized bloorida Statute  13. 11 IIII 12 NAM 13 SIR 14 CIV 21 TIIL 22 NAM 23 SIR 2 4 CII	we named corporates and the corp	pred where ristating)	or the purpos y accept the a	e of char appointm	ng ng its ent as r RECTOF Change	regis egiste	stered ered 12 Additio
office of agent 1 in agent 2.  Let a the address in a the agent 2 in agent 2	r registered agent, or both, in the State am familiar with, and accept the ob- Signature familiar with, and accept the ob- OFFICERS.  PSD JOHNSON, CATHERINE 12605 N 52ND ST TAMPA FL 33617 VP HUFFMAN, DENNIS 18615 AVE. CAPRI LUTZ FL 33549	age of and the manple able (the AND DIRECTORS DELETE)	tes the aborauthorized blorida Statute  13. 11 IIII 12 NAM 13 SIR 14 CIT 21 NIL 22 NAM 23 SIR 2 4 CIT 31 TITL 32 NAM	we named corporates and the corp	pred where ristating)	or the purpos y accept the a	e of char appointm	ng ng its ent as r RECTOF Change	regis egiste	stered ered 12 Addition
office or agent I ignature 22.  TLE AME ITHE TABLES	r registered agent, or both, in the State am familiar with, and accept the ob- Signature familiar with, and accept the ob- OFFICERS.  PSD JOHNSON, CATHERINE 12605 N 52ND ST TAMPA FL 33617 VP HUFFMAN, DENNIS 18615 AVE. CAPRI LUTZ FL 33549	age of and the manple able (the AND DIRECTORS DELETE)	tes the aborauthorized bloorida Statute  13. 11 fill 12 NAM 13 SIR 14 CIT 21 TILL 22 NAM 23 SIR 2 4 CIT 31 TILL 32 NAM 33 SIR	ve-named corporal synthetic corp	pred where ristating)	or the purpos y accept the a	e of char appointm	ng ng its ent as r RECTOF Change	regis egiste	stered ered 12 Addition
office of agent 1 (GNATURE)  2. TLE AME TIREET ADDRES (11/1-ST-ZIP) TILE AME TIREET ADDRES (11/1-ST-ZIP) TILE AME TIREET ADDRES (11/1-ST-ZIP) TILE AME TIREET ADDRES (11/1-ST-ZIP)	r registered agent, or both, in the State am familiar with, and accept the ob- Signature familiar with, and accept the ob- OFFICERS.  PSD JOHNSON, CATHERINE 12605 N 52ND ST TAMPA FL 33617 VP HUFFMAN, DENNIS 18615 AVE. CAPRI LUTZ FL 33549	age of and the manple able (the AND DIRECTORS DELETE)	tes the aborauthorized bloorida Statute  13. 11 fill 12 NAM 13 SIR 14 CIT 21 TILL 22 NAM 23 SIR 2 4 CIT 31 TILL 32 NAM 33 SIR	ve-named corporal synthetic corp	pred where ristating)	or the purpos y accept the a	e of char appointm	ng ng its ent as r RECTOF Change	regis egiste	12 Addition
office or agent 1 agen	r registered agent, or both, in the State am familiar with, and accept the ob- Signature familiar with, and accept the ob- OFFICERS.  PSD JOHNSON, CATHERINE 12605 N 52ND ST TAMPA FL 33617 VP HUFFMAN, DENNIS 18615 AVE. CAPRI LUTZ FL 33549	AND DIRECTORS  DELETE  DELETE	tes the aborauthorized bloorida Statute  13. 11 fill 12 NAM 13 SIR 14 CIT 22 NAM 23 SIR 24 CIT 31 TUIL 32 NAM 33 SIR 34 CIT	ve-named corpy the corporal session of the corporal se	pred where ristating)	or the purpos y accept the a	e of char appointm	nging its ent as r RECTOR Change	regis egiste	12 Addition
office or agent 1 signature  2. Itle  AME  TREET ADDRES	r registered agent, or both, in the State am familiar with, and accept the ob- Story respective products and registered OFFICERS.  PSD JOHNSON, CATHERINE 12605 N 52ND ST TAMPA FL 33617.  VP HUFFMAN, DENNIS 18615 AVE. CAPRILUTZ FL 33549	AND DIRECTORS  DELETE  DELETE	tes the aborauthorized bloorida Statute  13. 11 fill 12 NAM 13 SIR 14 CIT 22 NAM 23 SIR 2 4 CIT 31 TITL 32 NAM 33 SIR 34 CIT 41 TITL 4 2 NAM	ve-named corpy the corporal session of the corporal se	pred where ristating)	or the purpos y accept the a	e of char appointm	nging its ent as r RECTOR Change	regis egiste	stered ered 12 Addilio
office of agent I SIGNATURE 2.	r registered agent, or both, in the State am familiar with, and accept the ob- Story respective products and registered OFFICERS.  PSD JOHNSON, CATHERINE 12605 N 52ND ST TAMPA FL 33617.  VP HUFFMAN, DENNIS 18615 AVE. CAPRILUTZ FL 33549	AND DIRECTORS  DELETE  DELETE	tes the aborauthorized bloorida Statute  13. 11 IIII 12 NAM 13 STR 14 CITY 21 TITL 22 NAM 23 STR 2.4 CIT 31 TITL 32 NAM 33 STR 34 CIT 41 TITL 4 2 NA 43 STR	We named corpy the corporal session of the corporal se	pred where ristating)	or the purpos y accept the a	e of char appointm	nging its ent as r RECTOR Change	regis egiste	12 Addition

64CITY-ST-ZIF 14. If 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 logal 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 617, Florida Statutes, and that my name appears in thock 12 or 13 opts 3 if offinged, or on an attachnicit with an address

5.3 STREET ADORESS

63 STREET ADDRESS

5 4 CITY ST ZIP

61 TiTLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CHY-ST-ZIP

TITLE

NAME

DMM LEAR IF M. DENNIS L HUFFMAN BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

6-8:96 813.949.5227

Change Addition