## 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 # P93000047773 (5)

H.B. REALTY, INC.

FILED
Apr 16 1997 8:00am
Secretary of State

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Principal Place 4889 LAKEWOF SUITE 221 GREEN ACRES US	PILLY AD	Mailing Address 4889 LAKEWORTH RD SUITE 221 BREEN ACREA FL 33463-3460 US			3. Date Incorporated or Qualified  3a. Date of Last Report					
						07/01/1993	06/	27/19	<del></del>	
	lace of Business	2a. Mailing Address				4. FEI Number		ļ		plied For
21 2300	Palm Beach At	(e) 26 13(VD. 308	<u> </u>			65-0438927				t Applicable
Suite, Apt. 22 West	Trucky rock	Le 36 AVD. 308 Suite, Apt. #, etc. 27 Same	us		(2)	5. Certificate of Status Desired				Additional quired
Čity & State	Lorida	City & State				Election Campaign Financing     Trust Fund Contribution				May Be o Fees
Zio	Country	Zip	Cor	untry	<del></del>	8. This corporation has liability for	intangible			
24 339	F09 25	29	30				Yes 🕻			
	9. Name and Address of Curren	nt Registered Agent				10. Name and Address of New Re	gistered .	Agent		
WHI	TELY, HAZELTON			81	Name					
	EATHER TRACE DRIVE			82	Street Add	ress (P.O. Box Number is Not Acceptat	ole)			,
SUN	TE 221				Oli doli 7 ladi					
	INTON BEACH FL 33462			83						
				84	City			85	Zip (	~ode
				1	City	poration submits this statement for the patient's board of directors. I hereby accel	FL	. 1 1		
12.	Signature Pripad or printed han a of registered age OFFICERS AN	D DIRECTORS	13.		nt signature requi	ired when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE CERS AND			
100.1	D	☐ DELETE	1.1 7	TLE				L Ch	ange	Addition
NAME	WHITELY, HAZELTON E			IAME						
STREET ADDRESS	8 HEATHER TRACE DRIVE		- I		address	•				
CITY-ST-ZIP	BOYTON BCH FL	Design		CITY-S	T-ZiP		·····	T"1 64		Addition
TITLE	D NOWATT BENEFIT A	☐ DELETE						LLI Ch	ange	Addition
NAME	MOWATT, BEVERLY A 8 HEATHER TRACE DRIVE		1	AME						
STREET ADORESS	BOYNTON FL				ADDRESS					
CITY-ST-7IP	BOTHLON FL	DELETE			ST-ZIP			Tich	ange	Addition
1		Carlo Occure	1	AME	Ì			,,, ,,,	ungo	
NAME					ADDRESS					
STREET ADDRESS										
CITY - ST - ZIP TITLE		DELETE			ST-ZIP			☐ Ch	ange	Addition
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City-ST-ZiP				CITY-S						
THILE		DELETE		TITLE				☐ Ch	iange	Addition
NAME.				VAME	İ			_	-	
STREET ADDRESS			1		ADDRESS					
CITY ST-ZIP				CITY-S						
TITLE		DELETE		TITLE				Ch	nange	Addition
NAME				NAME						
STREET ADDRESS			ı.		ADDRESS					
STORE CONTINUES	1									

14. 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 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 13 or Block 13 if changed, or on an attachment with an address.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #