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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # 1. Corporation Name P93000061365 (1)

HLB MANAGEMENT INC.

**FILED** Apr 30 1998 8:00am Secretary of State

1					
Principal Place of Business Mailing Address					- I EBBILIBET IND IDLIAD BILLI, ORBIT BEILL BOLLY BOLLD BILD TITOPS TITLE DITAL DITAL DOLL
7848 \$ FEDERAL HWY HYPOLUXO FL 33462  7848 \$ FEDERAL HWY HYPOLUXO FL 33462  HYPOLUXO FL 33462					DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualified
1					09/01/1993
	lace of Business	2a. Mailing Address	a. Mailing Address		4. FEI Number Applied For
21 26					22-3251519   Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional Fee Required
City & State		Cily & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip			Country		8. This corporation owes or has paid the current year Intangible
24			[30]		Personal Property Tax due June 30. X Yes No
					10. Name and Address of New Registered Agent
CORPURATE CREATIONS ENTERPRISES INC				ARRIS BERMAN	
4521 PGA BLVD			1	Street Addre	ess (P.O. Box Number is Not Acceptable)  Blvd # 807
PA	L <b>M BE</b> ACH GARDENS FL 33418		ا	13 <u>25</u>	60 5. UCEAIU SIVE # 801
				~	
				4 CityPAL	M BEACH FI FL 85 33420
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 familial with, and accept the obligations of Section 607.0505, Florida Statutes.					
SIGNATURE Signiffice type d or printed hards of registered agent and telle if approache (NOTL Registered Agent signature required when reinstalling)  DATE					
12.		D DIRECTORS	13.	<del> </del>	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	Ď	DELETE	1.1 TITL		Change Addition
NAME	BERMAN, HARRIS		1.2 NAM	E	2
STREET ADDRESS	10 10 10 10 10 10 10 10 10 10 10 10 10 1		1.3 STR	ET ADDRESS	j j
CITY-ST-ZIP	HYPOLUXO FL 33462	····		- ST - ZIP	
TITLE	D	☐ DEL€TE	2.1 TITL		Change Addition C
NAME	Berman, Leo B		2.2 NAM	E	
STREET ADDRESS	% 7848 S FEDERAL HWY		2.3 STRI	ET ADDRESS	1
CITY-ST-ZIP	HYPOLUXO FL 33462	· · · · · · · · · · · · · · · · · · ·	_	r-ST-ZIP	
TITLE	•	☐ DELETE	3.1 TITL		Change Addition
NAME			3.2 NAM	ĺ	
STREET ADDRESS				ET ADDRESS	
CITY-ST-ZIP		DELETE		r-ST-ZIP	☐ Change ☐ Addition
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MAME			4. 2 NAN	4	
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	4.4 CITY - ST - ZIP 5.1 TITLE		☐ Change ☐ Addition
TITLE					Change Multion
NAME OTOGET ADDRESS			5.2 NAM		
STREET ADDRESS			5.3 STREET ADDRESS 5.4 CITY - ST - ZIP		
CITY-ST-ZIP		DELETE			☐ Change ☐ Addition
TITLE		LJ DELEIE	6.1 7171.1		☐ Change ☐ Addition
NAME			6.2 NAM	l l	
STREET ADDRESS	•			ET ADDRESS	
CITY-ST-ZIP			6.4 CITY	- ST - ZIP	

14. I 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 12 or Block 13 if changed or on an attachment with an address.

4-2100