FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
* ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 PM 6:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000008250 (0)**

1. Corporation Name

HMI TECHNOLOGIES, INC.

Principal Place of Business	Mailing Address
778 ~~770~~ S. MILITARY TRAIL DEERFIELD BEACH FL 33442	778 ~~770~~ S. MILITARY TRAIL DEERFIELD BEACH FL 33442

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/02/1994
3a. Date of Last Report:

21 2. Principal Place of Business: 778 S. Military Trail
25 2a. Mailing Address:

4. FEI Number: 65-0466427 ☐ Applied For ☐ Not Applicable

22 Suite, Apt. #, etc.:
27 Suite, Apt. #, etc.:

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

23 City & State:
28 City & State:

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

24 Zip:
25 Country:
29 Zip:
30 Country:

8. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

DONOFF, CRAIG
18301 BISCAYNE BLVD.
N. MIAMI BEACH FL 33160

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: FL 85 Zip Code

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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
(Signature, type or print name of registered agent and title if applicable) (NOTE: Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	Byars, K. David ☒ Change ☐ Addition
NAME	BYARS, K. DAVID	12 NAME	
STREET ADDRESS	13722 CHESTERSALL DR.	13 STREET ADDRESS	220 N Phelps Ave.
CITY ST ZIP	TAMPA FL 33624	14 CITY ST ZIP	Winter Park, FL 32789
TITLE	ST	21 TITLE	☐ Change ☐ Addition
NAME	SNYDER, RITA S	22 NAME	
STREET ADDRESS	9150 WEST ATLANTIC BLVD.	23 STREET ADDRESS	
CITY ST ZIP	CORAL SPRINGS FL 33071	24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	REMITTED BY MAY 1 1 .9 ☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	$Deposit by Bank
CITY ST ZIP		64 CITY ST ZIP	

14. I 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)(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.

SIGNATURE: K. David Byars 4/30/95 305 421 2214
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Title Daytime Phone Number
K. David Byars President

0260384 CP