

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 # **P94000020996**

1. Corporation Name  
**H. B. I., INC.**



Principal Place of Business  
**182 N.W. 16TH STREET  
HOMESTEAD FL 33030**

Mailing Address  
**182 N.W. 16TH STREET  
HOMESTEAD FL 33030**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**03/14/1994**

4. FEI Number  
**65-0481368**

Applied For  
☐ Not Applicable

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

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

8. This corporation owes the current year intangible Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business  
21 **29800 SW 172 AVE.**

2a. Mailing Address  
26 **29800 SW 172 AVE.**

Suite, Apt. #, etc.  
22

Suite, Apt. #, etc.  
27

City & State  
23 **HOMESTEAD, FL**

City & State  
28 **HOMESTEAD, FL**

Zip  
24 **33030** Country  
25 **USA**

Zip  
29 **33030** Country  
30 **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WATKINS, MICHAEL E  
830 N. KROME AVENUE  
HOMESTEAD FL 33030**

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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable. (NOT if Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DP** ☐ DELETE  
NAME **NELSON, CHARLES JR.**  
STREET ADDRESS **182 N.W. 16TH STREET**  
CITY-ST-ZIP **HOMESTEAD FL 33030**

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS **29800 SW 172 AVENUE**  
1.4 CITY-ST-ZIP **HOMESTEAD, FL 33030**

TITLE **DST** ☐ DELETE  
NAME **NELSON, DEONNA P**  
STREET ADDRESS **182 N.W. 16TH STREET**  
CITY-ST-ZIP **HOMESTEAD FL 33030**

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS **29800 SW 172 AVENUE**  
2.4 CITY-ST-ZIP **HOMESTEAD, FL 33030**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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, with either like empowered.

SIGNATURE: **Charles W. Nelson**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/20/99** **305-258-4431**  
Date Daytime Phone #

CR2E034 (11/98)

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