FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

P94000073126 (2)

HMC CONSULTING CORP.

APPROVE!
AND
FILED

96 MAY 10 PM 3: 30

SECRETARY OF STATE TALLAHASSEE, FLORIDA



Principal Place of Business Mailing Address									
2213 E ATLANTIC BLVD POMPANO BEACH FL 33062-5209			2213 E ATLANTIC BLVD POMPANO BEACH FL 33062-5209						
							3. Date Incorporated or Qualified 10/05/1994	3a . Da	te of Last Report 05/01/1995
2. Principal Place	ce of Business	2a.	Mailing Address	*.*			4. FEI Number 65-0527292		Applied For Not Applicable
Suite, Apt. #	, etc		Suite, Apt #, etc.				5. Certificate of Status Desired		\$8.75 Additional Fee Required
City & State		28	City & State				Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
Zip 24	Country 25	29	Zip Country 30				8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No		
	g. Name and Address of Curre	nt Regist	ered Agent			ı ·	10. Name and Address of New F	legistere	d Agent
f					81	Name			
MCPHEE, STEVEN 2213 E ATLANTIC BLVD					82	Street Ad	Address (P.O. Box Number is Not Acceptable)		
	ANO BEACH FL 33062-5209				83	- Cit			85 Zip Code
					84	City		F	L S Zip Code
SIGNATURE	so agent, or both, and accept the obligations of Sec Signaria: hiertor primo naria, of higher state OFFICERS A!	oraș n tre-fa	splease (* TORS	unte Registerer 13.		of Signature (Eq.)	e Twier rendstatig ADDITIONS/CHANGES TO OFI	DATE ICERS A	ND DIRECTORS IN 12
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14. Ido 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 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 attention of the corporation of the corporation of the corporation of the receiver of 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 attention of the corporation of the corporation of the corporation of the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name

SIGNATURE:

NO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Steve McPhee 4/17/96/950/17853855

CR2E034 (12/95)