Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90019 014 \*\*\*150.00

## 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 # P95000031704

1. Corporation Name

| HMB MA  | RKETING, INC.  |  |  |   |   |
|---|--|--|--|---|---|
| Principal Place                                   | e of Business  | Mailing Address  |  |   | 88 ())((( (181) (181) 48() (181) (181)            |
| 1756 N. CONGE                                     | 1  | 1756 N. CONGRESS AVE.  |  |   |   |
| SUITE 203 SUITE 203                               |  |  |  |   |   |
| WEST PALM BEACH FL 33409 WEST PALM BEACH FL 33409 |  |  | 9  | DO NOT WRITE IN THIS SPACE  |   |
|   |  |  |  | 3. Date incorporated or Qualifed  |   |
|   |  |  |  | 04/21/1995<br>4. FEI Number   |   |
| ·   | ace of Business  | 2a. Mailing Address  |  | 65-0577372  | Applied For<br>Not Applicable                     |
| 21  |  | 26 Suite Ant # ata   |  | 05-05/13/2  | \$8.75 Additional                                 |
| Suite, Apt.                                       | #, etc.  | Suite, Apt. #, etc.  |  | 5. Certifcate of Status Desired   | Fee Required                                      |
| City & State                                      | 9  | City & State   |  | 6. Election Campaign Financing  | \$5.00 May Be                                     |
| 23  | <u>:</u>   | 28   |  | Trust Fund Contribution   | Added to Fees                                     |
| Zip   | Country  | Zip  | Country  | 8. This corporation owes the current year   | ntangible V                                       |
| 24  | 25   | 29 3   | 0  | Personal Property Tax.  | ☐ Yes XNo   |
|   | 9. Name and Address of Current   | Registered Agent   | 81 Name  | 10. Name and Address of New Registere   | d Agent   |
| FUCHS, LAWRENCE M ESQ.                            |  |  |  |   |   |
|   | ROYAL PALM BLVD.   |  | 82 Street Add  | dress (P.O. Box Number is Not Acceptable)   |   |
| ROYAL PALM BEACH FL 33411                         |  |  | 83   |   |   |
| , ROI   | AL PALIVI BEACH PL 33411   |  | 83   |   |   |
|   |  |  | 84 City  | F   | 85 Zip Code                                       |
| 11. Pursuant office or reagent. I as              | to the provisions of Sections 607.0502<br>egistered agent, or both, in the State o<br>m familiar with, and accept the obligati | and 607.1508, Florida Statutes<br>f Florida. Such change was aut<br>ons of, Section 607.0505, Florid | , the above-named cornorized by the corporat a Statutes. | poration submits this statement for the purpose<br>tion's board of directors. I hereby accept the app | of changing its registered ointment as registered |
| SIGNATURE   | Signature, typed or printed name of registered agent   | and title if applicable. (NOTE: Re   | egistered Agent signature requir                         |   |   |
| 12.   | OFFICERS AND   |  | 13.  | ADDITIONS/CHANGES TO OFFICERS   |   |
| TITLE   | PD   | ☐ DELETE   | 1.1 TITLE  | ,   | Change Addition                                   |
| NAME  | GREGAN, BARNETT R  |  | 1.2 NAME   | •   |   |
| STREET ADDRESS                                    | 25.255   |  | 1.3 STREET ADDRESS                                       |   |   |
| CITY-ST-ZIP                                       | WEST PALM BEACH FL 33409   |  | 1.4 C/TY-ST-ZIP  |   |   |
| TITLE   | Vice HesideTT  | ☐ DELETE   | 2.1 TITLE  |   | ☐ Change ☐ Addition                               |
| NAME  | Gregon Laure B. A.   | 1.00 B   | 2.2 NAME   |   |   |
| STREET ADDRESS                                    | 1750 At Congress As  | re,¶&00  | 2.3 STREET ADDRESS                                       |   |   |
| CITY-ST-ZIP ~                                     | 17 B B FN 3240   | 70   | 2. 4 CITY-ST-ZIP   |   | Characa   |
| TITLE   | 00110,11 007   | ✓ /. □ DELETE  | 3.1 TITLE  |   | ☐ Change ☐ Addition                               |
| NAME  |  |  | 3.2 NAME   |   |   |
| STREET ADDRESS                                    |  |  | 3.3 STREET ADDRESS                                       |   |   |
| CITY-ST-ZIP                                       |  |  | 3.4. CITY-ST-ZIP   |   | Clohana Calair-                                   |
| 131/E   |  | ☐ DELETE   | 4.1 TITLÉ  | ,   | ☐ Change ☐ Addition (                             |
| NAME  |  |  | 4:2 NAME   |   |   |
| STREET ADDRESS                                    |  |  | 4.3 STREET ADDRESS                                       |   |   |
| CITY-ST-ZIP                                       |  |  | 4.4 CITY-ST-ZIP  |   |   |
| TITLE   |  | ☐ DELETE   | 5.1 TITLE  |   | ☐ Change ☐ Addition                               |

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 of on an attachment with an address, with all other like empowered.

5.2 NAME

6.1,TITLE

6.2 NAME

☐ DELETE

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE: /

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

☐ Change

☐ Addition