

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morton  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000049914 (1)

1. Corporation Name

HD INSTALLATIONS, INC.

Principal Place of Business

914 SINCLAIR STREET STE 87-M  
MELBOURNE FL 32935

Mailing Address

518 MAJORCA COURT  
SATELLITE BEACH FL 32937



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/26/1995		3a. Date of Last Report	
21		26		4. FEI Number 59-3326640		Applied For Not Applicable	
22 Suite, Apt. #, etc. 914 SINCLAIR ST. STE 87-M		26 Suite, Apt. #, etc. P.O. BOX 66837		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 City & State MELBOURNE FL		28 City & State ST. PETE BCH. FL.		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip 32935	25 Country USA	29 Zip 33736	30 Country USA	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
LEBLANC, BRIAN P 518 MAJORCA COURT SATELLITE BEACH FL 32937				81 Name LEBLANC, BRIAN P.			
				82 Street Address (P.O. Box Number is Not Acceptable) 2808 1/2 PASS-A-GRIFFIN WY			
				83 ST PETE BCH.			
				84 City FL 85 Zip Code 33706			

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 607.0504, Florida Statutes.

SIGNATURE

Brian P. LeBlanc

Signature typed or printed name of registered agent available (if applicable)

(NOTE: Registered Agent Signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D/P	1.1 TITLE	D/P
NAME	LEBLANC, BRIAN P	1.2 NAME	LEBLANC, BRIAN P.
STREET ADDRESS	518 MAJORCA COURT	1.3 STREET ADDRESS	2808 1/2 PASS A GRILLE WY
CITY-ST-ZIP	SATELLITE BEACH FL 32937	1.4 CITY-ST-ZIP	ST PETE BCH FL 33706
TITLE		2.1 TITLE	V/T/S
NAME		2.2 NAME	FORCARD, ELIZABETH
STREET ADDRESS		2.3 STREET ADDRESS	2808 1/2 PASS A GRILLE WY
CITY-ST-ZIP		2.4 CITY-ST-ZIP	ST PETE BCH FL 33706
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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)(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 attachment with an address.

SIGNATURE:

Brian P. LeBlanc

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/96

DATE

3671298

DAYTIME PHONE #

CR2E034 (12/95)