

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra R. McArthur
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000096485 (4)**

1. Corporation Name

H W & M INSPIRATION CORP, INC.



Principal Place of Business

**7421 W. CYPRESS HEAD DRIVE
PARKLAND FL 33067**

Mailing Address

**7421 W. CYPRESS HEAD DRIVE
PARKLAND FL 33067**

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**TURNER, OTHEL
3741 W. BROWARD BLVD
SUITE 201
FORT LAUDERDALE FL 33312**

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

Signature of Registered Agent (Required)

Signature of Registered Agent (Required)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	MURRAY, HAGNE	
STREET ADDRESS	7421 W. CYPRESS HEAD DRIVE	
CITY-ST-ZIP	PARKLAND FL 33067	
TITLE	VST	☐ DELETE
NAME	MURRAY, HAGNE	
STREET ADDRESS	7421 W. CYPRESS HEAD DRIVE	
CITY-ST-ZIP	PARKLAND FL 33067	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

14 TITLE	☐ Change ☐ Addition
15 NAME	
16 STREET ADDRESS	
17 CITY-ST-ZIP	☐ Change ☐ Addition
18 NAME	
19 STREET ADDRESS	
20 CITY-ST-ZIP	☐ Change ☐ Addition
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	☐ Change ☐ Addition
25 TITLE	☐ Change ☐ Addition
26 NAME	
27 STREET ADDRESS	
28 CITY-ST-ZIP	☐ Change ☐ Addition
29 TITLE	☐ Change ☐ Addition
30 NAME	
31 STREET ADDRESS	
32 CITY-ST-ZIP	☐ Change ☐ Addition

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:

Hagne Murray
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/96

Division of Corporations

CR2E034 (12/95)