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PROFIT CORPORATION ANNUAL REPORT

1997



appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

FLORIDA DEPARTMENT OF STATE

FILED

May 13 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000024343 (1)

HMH TECHNOLOGIES, INC.

Mailing Address Principal Place of Business 1021 NW 4 STREET 1021 NW 4 STREET **BOCA RATON FL 33486-3427 BOCA RATON FL 33486** 3. Date Incorporated or Qualified 3a. Date of Last Report 03/19/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 65~ Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Country 8. This corporation has liability for intangible tax under s. 199.032, Zir Country Zip Yes Z No 30 Florida Statutes 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name HIGGINS, HUGH M JR **1021 NW 4 STREET** 82 Street Address (P.O. Box Number is Not Acceptable) **BOCA RATON FL 33486** 83 City Zip Code 84 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, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12 13. Change Addition DELETE 1.1 TITLE PRESIDENT THE AT ENIBOIH M HOUNS JR 1.2 NAME NAMÉ 1021 NW 4 STREET 1.3 STREET ADDRESS STREET ADDRESS 33486 1.4 CITY-ST-ZIP CHTY - \$1 - ZIP ___ Change DELETE Addition 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP 0:17 - ST - ZIP Addition Change DELETE 3.1 TITLE 1171.6 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - ZIP CHY-ST-ZIP Addition DELETE Change 4.1 TITLE TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE DILE 5.2 NAME NAME **5.3 STREET ADDRESS** STREET ADDRESS 5.4 CiTY-ST-ZIP CHY-ST-76 Change Addition □ DELETE 61 TITLE Table 62 NAME NAME STREET ADDRESS **6.3 STREET ADDRESS** 6.4 CITY-ST-ZIP

14. I do 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 fam 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