## 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 # **P96000057830**

H M L CORPORATION

Principal	Place	of	Busir	esi
	,		-	• [

210 STATE ROAD 60 WEST LAKE WALES FL 33853

Mailing Address

210 STATE ROAD 60 WEST LAKE WALES FL 33853

## **FILED** Jan 22, 1999 8:00am **Secretary of State**

01-22-1999 90082 031 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

21 26 59-3387861 No  Suite, Apt. #, etc. Suite, Apt. #, etc. 22 2 7 5. Certifcate of Status Desired Status Desired Trust Fund Contribution Added to Added to Personal Property Tax.  23 2 2 2 3 3 4 2 3 4 2 5 2 9 30 Personal Property Tax.  30 Name and Address of Current Registered Agent  NGUYEN, HIEU M  NGUYEN, HIEU M  24 Street Address (P.O. Box Number is Not Acceptable)  LAKE WALES FL 33853	Pes No ed Agent  85 Zip Code of changing its registered	4. FEI Number .59-3387861  5. Certifcate of Status Desired  6. Election Campaign Financing Trust Fund Contribution  8. This corporation owes the current year Intangle Personal Property Tax.  10. Name and Address of New Registered Age Name  Street Address (P.O. Box Number is Not Acceptable)  City  FL  8  FL  8	Name Street Street City	26 Suite, Apt. #, etc. 27 City & State 28 Zip Co 29 30	Country 25 ne and Address of Currer U M D 60 WEST FL 33853	#, etc. e 9. Name IYEN, HIEU STATE RD E WALES F	Suite, Apt.  Suite, Apt.  City & State  Zip  ANGU  LAKE
Suite, Apt. #, etc.    Suite, Apt. #, etc.     Suite, Apt. #, etc.     Suite, Apt. #, etc.     Suite, Apt. #, etc.     Suite, Apt. #, etc.     Suite, Apt. #, etc.     Suite, Apt. #, etc.     Suite, Apt. #, etc.     Suite, Apt. #, etc.     Suite, Apt. #, etc.     Suite, Apt. #, etc.     Suite, Apt. #, etc.     Suite, Apt. #, etc.     City & State     City & State     Suite, Apt. #, etc.     City & State     Suite, Apt. #, etc.     Suite, Apt. #, etc.	\$8.75 Additional Fee Required \$5.00 May Be Added to Fees Intangible Yes No ed Agent  85 Zip Code of changing its registered	5. Certifcate of Status Desired  6. Election Campaign Financing Trust Fund Contribution  7. Strip Fund Contribution  8. This corporation owes the current year Intange Personal Property Tax.  10. Name and Address of New Registered Age Name  Street Address (P.O. Box Number is Not Acceptable)  City  FL  8. This corporation submits this statement for the purpose of challenges of the purpose of the purpose of challenges of the purpose of the pur	Name Street Street City	Suite, Apt. #, etc.  27  City & State  28  Zip Co  29  30  It Registered Agent	25 ne and Address of Currer U M D 60 WEST FL 33853	9. Name IYEN, HIEU STATE RD E WALES F	Suite, Apt.  City & State  Zip  Zip  ANGU  LAKE
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City & State  Country  Country  Country  Exp  Country  Country  8. This corporation owes the current year Intangible Personal Property Tax.  Personal Property Tax.  City & Street Address of New Registered Agent  10. Name and Address of New Registered Agent  NGUYEN, HIEU M  City  FL  Street Address (P.O. Box Number is Not Acceptable)  LAKE WALES FL 33853  83  City  FL  Street Address (P.O. Box Number is Not Acceptable)  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 office or registered agent, or both-in the State of Stroida-Such change was authorized by the corporation's board of directors-i hereby accept the appointment as regarded. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable  NOTE: Registered Agent signature required when reinstaining)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR  TITLE  NAME  NGUYEN, HIEU M  STREET ADDRESS  CITY-ST-ZIP  DELETE  1.1 TITLE  D ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR  1.3 STREET ADDRESS  CITY-ST-ZIP  Change  Chang	\$5.00 May Be Added to Fees Intengible Pes No ed Agent  85 Zip Code of changing its registered	6. Election Campaign Financing Trust Fund Contribution  8. This corporation owes the current year Intang Personal Property Tax.  10. Name and Address of New Registered Age Name  Street Address (P.O. Box Number is Not Acceptable)  City  FL  8  City  FL  8	Name Street Street City	City & State   28     Zip   Co   29   30     It Registered Agent	25 ne and Address of Currer U M D 60 WEST FL 33853	9. Name IYEN, HIEU STATE RD E WALES F	City & State  Zip  Zip  ANGU  ANGU  LAKE
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Zip Country 2ip Country 2ip Country 8. This corporation owes the current year Intengible Personal Property Tax.  9. Name and Address of Current Registered Agent  NGUYEN, HIEU M  210 STATE RD 60 WEST LAKE WALES FL 33853  83  84 City FL 85 Zip C  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 office or, registered agent, or both-in the State of Florida-Stuch change was authorized by the corporation's board of directors. I hereby accept the appointment as regardless agent, and familiar with, and accept the obligations of, Section 607,0505, Florida Statutes.  SIGNATURE  Signature, typed or printed name of registered agent and the if applicable. (NOTE: Registered Agent signature required when reinstating).  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR  TITLE  NAME  NGUYEN, HIEU M  13 STREET ADDRESS  CITY-ST-ZIP  DELETE  21 ITITLE  13 STREET ADDRESS  CITY-ST-ZIP  Country  8. This corporation owes the current year Intention over the provision over the allowing plants of the personal Property Tax.  8. This corporation was the current year Intention over the secure of the personal Property Tax.  8. This corporation was the current year Intention of New Registered Agent  82 Street Address (P.O. Box Number is Not Acceptable)  83 Street Address (P.O. Box Number is Not Acceptable)  84 City  FL  85 Zip C  85 Zip C  86 City  FL  87 STATE ADDRESS  (INTENTION OFFICERS AND DIRECTOR)  12. OFFICERS AND DIRECTOR  13 STREET ADDRESS  CITY-ST-ZIP  Change	Intangible Ses No  ed Agent  B5 Zip Code  of changing its registered	8. This corporation owes the current year Intange Personal Property Tax.  10. Name and Address of New Registered Age Name  Street Address (P.O. Box Number is Not Acceptable)  City  FL  e-named corporation submits this statement for the purpose of cha	Name Street Street City	Zip Co 29 30 at Registered Agent	25 ne and Address of Currer U M D 60 WEST FL 33853	9. Name IYEN, HIEU STATE RD E WALES F	Zip 24 NGU 210 LAKE
24 25 29 30 Personal Property Tax.  9 Name and Address of Current Registered Agent  NGUYEN, HIEU M  210 STATE RD 60 WEST LAKE WALES FL 33853  81 Name  82 Street Address (P.O. Box Number is Not Acceptable)  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 office or registered agent, or both, in the State of Florida-Suich change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent and ethic if applicable.  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  14. City FL 85 ZIP C  NOTE: Registered Agent signature required when renstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR  14. CITY ST. ZIP  15. Change  Change  Change  Change  Change  CHY-ST-ZIP  Change  CHY-ST-ZIP  Change  CHY-ST-ZIP  Change  CHANGE  22 NAME  STREET ADDRESS  CITY-ST-ZIP  24 CITY-ST-ZIP	Pes No ed Agent  85 Zip Code of changing its registered	Personal Property Tax.  10. Name and Address of New Registered Age Name  Street Address (P.O. Box Number is Not Acceptable)  City  FL  e-named corporation submits this statement for the purpose of cha	Name Street Street City	29 30 It Registered Agent	25 ne and Address of Currer U M D 60 WEST FL 33853	9. Name IYEN, HIEU STATE RD E WALES F	NGU 210 LAKE
9. Name and Address of Current Registered Agent  NGUYEN, HIEU M  210 STATE RD 60 WEST LAKE WALES FL 33853  82 Street Address (P.O. Box Number is Not Acceptable)  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 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 regard. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  TITLE  D DELETE  1.1 TITLE  Change  NAME  NGUYEN, HIEU M  306 OGDEN ST  1.3 STREET ADDRESS  CITY-ST-ZIP  WINTER HAVEN FL 33880  1.4 CITY-ST-ZIP  Change  Change  STREET ADDRESS  CITY-ST-ZIP  2.2 NAME  STREET ADDRESS  CITY-ST-ZIP  2.3 STREET ADDRESS  CITY-ST-ZIP  2.4 CITY-ST-ZIP	Ed Agent    B5   Zip Code	10. Name and Address of New Registered Age Name  Street Address (P.O. Box Number is Not Acceptable)  City  FL  e-named corporation submits this statement for the purpose of cha	Street	t Registered Agent	e and Address of Currer U M D 60 WEST FL 33853	9. Name IYEN, HIEU STATE RD E WALES F	NGU 210 LAKE
NGUYEN, HIEU M  210 STATE RD 60 WEST LAKE WALES FL 33853  82 Street Address (P.O. Box Number is Not Acceptable)  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 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 regard. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  TITLE  14. PURSUANT HIEU M  15. NGUYEN, HIEU M  16. STREET ADDRESS  CITY-ST-ZIP  WINTER HAVEN FL 33880  16. Street Address (P.O. Box Number is Not Acceptable)  17. FL  18. Street Address (P.O. Box Number is Not Acceptable)  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  10. NGUYEN, HIEU M  10. NGUYEN, HIEU M  11. STREET ADDRESS  12. VINTER  13. STREET ADDRESS  14. CITY-ST-ZIP  14. CITY-ST-ZIP  15. Change  16. Change  17. ST-ZIP  18. CITY-ST-ZIP  18. STREET ADDRESS  18. CITY-ST-ZIP  18. STREET ADDRESS  19. CITY-ST-ZIP  19. Change  19.	85 Zip Code of changing its registered	Name  Street Address (P.O. Box Number is Not Acceptable)  City  FL  e-named corporation submits this statement for the purpose of cha	Street		U M D 60 WEST FL 33853	IYEN, HIEU State RD E Wales F	LAKE
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TITLE         DELETE         5.1 TITLE         Change           NAME         5.2 NAME         5.2 NAME           STREET ADDRESS         5.3 STREET ADDRESS         5.4 CITY-ST-ZIP           TITLE         DELETE         6.1 TITLE         Change	Change Addition	TADORESS T-ZIP	-ST-ZIP  E ET ADDRESS ST-ZIP  ET ADDRESS ST-ZIP	3.4.  DELETE 4.1  4.2  4.3  4.4  DELETE 5.1  5.2  5.3  5.4	1	for all ton	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP
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TITLE         DELETE         5.1 TITLE         Change           NAME         5.2 NAME	Change Addition	TADORESS T-ZIP	- ST-ZIP  E ET ADDRESS ST-ZIP  ET ADDRESS ST-ZIP  ET ADDRESS ST-ZIP	3.4.  DELETE 4.1  4.2  4.3  4.4  DELETE 5.1  5.2  5.3  5.4  DELETE 6.1  6.2		tauren. Juli Dec	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME

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 13 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE**