

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

**Apr 25 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P96000070463 (0)
1. Corporation Name
HBD ENTERPRISES, INC.



Principal Place of Business: **3187 N STATE RD 7 #123 MARGATE FL 33063**
Mailing Address: **3187 N STATE RD 7 #123 MARGATE FL 33063-7006**

2. Principal Place of Business: **17587 31st Rd N.**
2a. Mailing Address: **17587 31st Rd N.**
21. City & State: **Loxahatchee, FL**
22. Zip: **33470**
23. Country: **Palm Beach**
24. City & State: **Loxahatchee**
25. Zip: **33470**
26. Country: **Palm Beach**

3. Date Incorporated or Qualified: **08/22/1996**
3a. Date of Last Report: **4-1-97**
4. FEI Number: [Redacted] Applied For
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**GRIFFIN, MARY
514 SW DAIRY RD
PORT ST LUCIE FL 34953**

10. Name and Address of New Registered Agent
81. Name: **SAME**
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: *Mary Griffin* DATE: **4-15-97**

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	WIDDICK, ROBERT	
STREET ADDRESS	3187 N STATE RD 7 #123	
CITY- ST- ZIP	MARGATE FL 33063	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	Widdick Robert	
13. STREET ADDRESS	17587 31st Rd N	
14. CITY- ST- ZIP	Loxahatchee FL 33470	
21. TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22. NAME	Widdick, Diane	
23. STREET ADDRESS	17587 31st Rd N	
24. CITY- ST- ZIP	Loxahatchee, FL 33470	
31. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME		
33. STREET ADDRESS		
34. CITY- ST- ZIP		
41. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME		
43. STREET ADDRESS		
44. CITY- ST- ZIP		
51. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME		
53. STREET ADDRESS		
54. CITY- ST- ZIP		
61. TITLE	800002156798	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	-04/28/97--01082--026	
63. STREET ADDRESS	***165.00	
64. 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 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: *Diane Widdick (Secretary)* DATE: **4-15-97** 561-753-7212

CR2E034 (9/96)