

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

FILED

Mar 04 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 # P96000076679 (5)

1. Corporation Name

HTM ENTERPRISES, INC.

Principal Place of Business

~~3400-A~~ SPANISH WELLS DRIVE
DELRAY BEACH FL 33445

Mailing Address

~~3400-A~~ SPANISH WELLS DRIVE
DELRAY BEACH FL 334456722

2. Principal Place of Business

21 3308C Spanish Wells Dr, 3308C Spanish Wells Dr.

22 Suite, Apt. #, etc.

23 City & State

23 Delray Beach, FL

24 Zip

24 33445

Country

25 USA

2a. Mailing Address

27 Suite, Apt. #, etc.

28 City & State

28 Delray Beach FL

29 Zip

29 33445

Country

30 USA

3. Date Incorporated or Qualified

09/16/1996

3a. Date of Last Report

4. FEI Number

65-0697597

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$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

MAKOULIAN, HAIG
~~3400-A~~ SPANISH WELLS DRIVE
DELRAY BEACH FL 33445

10. Name and Address of New Registered Agent

81 Name

HAIG MAKOULIAN

82 Street Address (P.O. Box Number is Not Acceptable)

3308C Spanish Wells Dr

83 City

Delray Beach

84 State

FL

85 Zip

33445

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, type or printed name of registered agent and file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
President	HAIG MAKOULIAN	3308C Spanish Wells Dr	Delray Beach, FL 33445	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 incorporator 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

HAIG MAKOULIAN 2/28/97 (56) 496-1293

CR2E034 (9/96)