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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mertham

Secretary of State r ,... DIVISION OF CORPORATIONS

P97000033330 (6)

FILED Mar 26 1998 8:00am Secretary of State

H-M-L-S. ENTERPHISES, INC.						
Principal Place of Business Mailing Address						T LOBYLOGES 149 SOVIL SOUTH ORBIT GRANT BRILL BRIDG INDR GINDE 19400 HITH GOIT (800)
7400 SUN ISLAND DRIVE SOUTH S #610 7400 SUN ISLAND DRIVE				OUTH S	610	
S PASADENA		S PASADENA FL 33707				DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualified
						04/11/1997
2. Principal P	lace of Business	2a, Mailing A	2a. Mailing Address			4 EEI Number
21		26				59-3438083 Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5 Certificate of Status Decired S8.75 Additional
22		27				Fee Required
City & State	e		City & State			6. Election Campaign Financing \$5.00 May Be
23		28				Trust Fund Contribution Added to Fees
Zip	Country	Zιρ	ļ <u>-</u>	Country		8. This corporation owes or has paid the current year Intangible
24	25 g. Name and Address of Currer	29	30	이		Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent
		ir vadieralan wäs	711	81	Name	10. Haine and Address of New Registered Agent
	HUR, SAM				110000	
7400 SUN ISLAND DRIVE SOUTH S #610				82 Street Add		Address (P.O. Box Number is Not Acceptable)
SF	PASADENA FL 33707			83	 -	
				00		
				84	City	FL 85 Zip Code
44 Purement	to the provisions of Sections 607.060	12 and 607 1509 E	lorida Statutos	the abov	a named	
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 age	1 SCHUK	PRE	=S100	oot cionatura	required when reinstating) DATE
12.	OFFICERS AN		more	13.	on digratore	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D		DELETE	1.1 TITLE	T	Change Addition
NAME	SCHUR, SAM			1.2 NAME	}	
STREET ADDRESS	7400 SUN ISLAND DRIVE SO	UTH S #610		1.3 STREET	ADDRESS	,
CITY-ST-ZIP	S PASADENA FL 33707			1.4 CITY - S	ST-ZIP	
TITLE			DELETE	2.1 TITLE		Change Addition
NAME		2		22 NAME	i	
STREET ADDRESS				2.3 STAEET	ADDRESS	
CITY-ST-ZIP				2. 4 CITY-	ST-ZIP	
TITLE		L	DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME				3.2 NAME	l	
STREET ADDRESS				3.3 STREET	ADDRESS	
CITY - ST - ZIP				3.4. CITY-	ST-ZIP	
TITLE			DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME				4. 2 NAME		
STREET ADDRESS				4.3 STREET	ADDRESS	
CITY ST-ZIP	_			4.4 CITY-\$	ST-ZIP	
TITLE			DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME				5.2 NAME		
STREET ADDRESS	• • • •			5.3 STREET	ADDRESS	
CITY ST-ZIP				5.4 CITY - S	ST-ZIP	
TITLE			DELETE	6.1 TITLE		Change Addition
NAME				6.2 NAME	1	
STREET ADDRESS				6.3 STREET	ADDRESS	
CITY-ST-ZIP				6.4 CITY - S		
44 I hereby c	certify that the information sympled w	each puilt this thing does	not qualify for t	he eveme	tion states	d in Section 119.07(3Vi) Florida Statutes, I further certify that the information

Indicated on this annual report or supplied with this filling does not quality 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 eath; 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 origin attachment with an address.

3-5-98 813 367 3516