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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9700034700 (9)

HMAC ENTERPRISES, INC.

Principal Place of Business	Mailing Address
8633 FOREST RUN LANE ORLANDO FL 32836	POST OFFICE 80X 772 WINDERERE FL 34786

FILED May 20 1998 8:00am Secretary of State



21	iace of business	26 Walling Address			59-344	0657	Not Applicable			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. Certificate of Status Di		\$8.75 Additional Fee Required			
22 City & State	City & State City & State			· · · · · · · · · · · · · · · · · · ·	6. Election Campaign Fin	ancing	\$5.00 May Be			
23	28				Trust Fund Contributio	n 🗆	Added to Fees			
Zip 24	Country 25	7ip 29	30 Cour	try	R. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No					
	9. Name and Address of Curren	10. Name and Address of New Registered Agent								
	ERILAWYER CHARTERED	Name GARY P. YOUNG								
	ALMERIA AVENUE	Street Add	ress (P.O. Box Number is Not	Acceptable)	······					
CO	RAL GABLES FL 33134	86	33 FOREST	r RUN	LANE					
	·	B3								
		Ī	City OA	CLANDO	FL	85 Zip Code 32 8 3 6				
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 ohligations of, Section 607.0505, Florida Statutes.										
	Signature, typed or printed rather of registroed asp	ien and Die Capple able (N∆ 3D DIRECTORS		Agent signature requi	red when reinstating) ADDITIONS/CHANGES	DATE	DIDECTORS IN 10			
12. TITLE	PD OFFICE RS AIN	DELETE	1.1 THE	r 1	ADDITIONS/CHANGES	TO OFFICERS AND	Change Addition			
NAME	YOUNG, GARY P		1.2 NAM	i						
STREET ADDRESS	8633 FOREST RUN LANE			EET ADDRESS						
CITY-ST-ZIP	ODI ANDO EL 20020			r-ST-ZIP						
TiTLE	ST	DELETE	2.1 Titl	 			Change Addition			
NAME	YOUNG, GARY P		2.2 NAM	AE						
STREET ADDRESS	8633 FOREST RUN LANE		2.3 STR	EET ADDRESS		*	1			
CITY-ST-ZIP	ORLANDO FL 32836		2. 4 CIT	Y-ST-ZIP						
TOTLE		☐ DELETE	3.1 TITE				☐ Change ☐ Addition			
NAME			3.2 NAM	AE						
STREET ADDRESS			3.3 STR	EET ADDRESS						
CITY-ST-ZIP			3 4. CIT	Y-ST-ZIP						
TITLE		☐ DELETE	4.1 TITL	E			Change Addition			
NAME			4 2 NA	ME						
STREET ADDRESS			4.3 \$TR	EET ADDRESS						
CITY-ST-ZIP			4.4 C(T	(-ST-ZIP						
TITLE		☐ DÉ LETE	51 TITL	.E			Change Addition			
NAME			5.2 NAN	Æ .						
STREET ADDRESS			5 3 STR	EET ADDRESS						
CITY-ST-ZIP				r-ST-ZIP	<u></u>					
TITLE		L_J DELETE	61 TITL				Change Addition			
NAME			6.2 NAM	ME.						
STREET ADDRESS			6 3 STR	EFT ADDRESS			}			
CITY-ST-ZIP	A.C. At a Call of the Call of		6.4 CIT	r-ST-ZIP	Castina 440 07/0V/V Florida 6	N-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	wife that the information			

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 suppliemental 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