## 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 # P9700058789 (3)

## FILED Feb 04 1998 8:00am Secretary of State

HRM D	EVELOPMENT CORP.	(4)			## ###################################
Principal Plac	ce of Business	Mailing Address			
[		-		1	
2650 NW 23RD WAY  BOCA RATON FL 33431  BOCA RATON FL 33431				DO NOT WRITE IN THIS SPACE	
				3. Date incorporated or Qualified	I SI AGE
				07/07/1997	
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0771184	Not Applicable
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & Stat	0	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the cu	rrent year Intangible
24	25	29	30		Yes No
	Name and Address of Current	ent Hegistered Agent	81 Name	10. Name and Address of New Registered	Agent
HEAD, THOMAS A			TV IValle		
2650 NW 23RD WAY			82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
l BO	CA RATON FL 33431		63		
			84 City	FL	85 Zip Code
44 Pureupat	to the provisions of Sections 607.06	502 and 607 1609. Florida Statut	too the above parred core	oration submits this statement for the purpose of	
office or i	registered agent, or both, in the Sta	te of Florida. Such change was	authorized by the corporati	ion's board of directors. I hereby accept the ap	pointment as registered
agent. I a	im familiar with, and accept the obli	igations of, Section 607.0505, Fi	orida Statutes.		
SIGNATURE	Signature, typed or printed name of registered a	(NOT	F. Registered Agent signature require	ed when reinslating) DATE	
12,		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	HEAD, THOMAS A		1.2 NAME		
STREET ADDRESS	2650 NW 23RD WAY		1,3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33431		1.4 CITY-ST-ZIP		
TITLE		DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		ŀ
CITY-ST-ZIP		DECETE	3.4. CITY-ST-ZIP		Change Addition
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME	1	
STREET ADDRESS	·	,	4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		☐ DELETE	4.4 CITY - ST - ZIP 5.1 TITLE		Change Addition
NAME			5.2 NAME		— curings — investigit
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		Change Addition
NAME			62 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		[
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
	certify that the information supplied	with this filing does not qualify for	or the exemption stated in S	Section 119.07(3)(i), Florida Statutes. I further o	ertify that the information

indicated on this an annual report or suppliemental annual report is free and accurate and that my signature shall have the same legal effect as if made under early, 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:

Thu & Mal

1 10 mas A. Head

1 22 98 561-994-8615