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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEF'ARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90095 011 \*\*\*150.00

DOCUMENT #	P97000080851
	1 01000000

1. Corporation Name HMFC, INC.

Principal Flac GREENSTRET 20001 GULF BI INDIAN SHORE US	RESTAURANT LVD	Mailing Addres	- GRIENSTA	with Renthur Gulf 840 Sibles	DO NOT WRITE IN THIS  3. Date ncorporated or Qualifed  09/17/1997	
2. Principal P	Place of Business	2a. Mailing Add			4. FEI Number	Applied For
21		26			<del>59-3468502</del>	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #	t, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	le	City & State	)		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country 25	Zip 29	30	ountry	This corporation owes the current year into Personal Property Tax.	angible □ Yes □ No
	9. Name and Address of	of Curren: Registered Agent			10. Name and Address of New Registered A	Agent
11. Pursuant office or r	3-CLARK-RD- IPA-FL-33618 to the provisions of Sections registered agent, or both, in the	he State of Florida. Such chai	nge was authoriza	84 City above-named corporation	FL ration submits this statement for the purpose of his board of directors. I hereby accept the appoint	85 Zip Code changing its registered
agent, i a	1/2/	he obligat ons of, Section 607	AN FOS	PLL ed Agent signature required	Persignat ##	22/99
12.	OFFIC	CERS AND DIRECTORS	13	l	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12
TITLE	P		DELETE 1.1	TITLE		☐ Change ☐ Addition
NAME	FOSTER, IAN		1.2	NAME		
STREET ADORE 3S	20001 GULF BLVD		1.3	STREET ADDRESS		ı
CITY-ST-ZIP	INDIAN SHORES FL 33			CITY-ST-ZIP		
TITLE		□ (		TITLE		Change Addition
NAME				NAME		
STREET ADDRESS				STREET ADDRESS		
CITY-ST-ZIP				CITY-ST-ZIP		☐ Change ☐ Addition
TITLE				NAME		□ Allenide □ Vocinou
NAME				NAME STREET ADDRESS		
STREET ADDRESS				ļ.		
CITY-ST-ZIP TITLE				CITY-ST-ZIP TITLE		☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filling 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 a nural 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 truetee empowered to e eccute this report as required by Chapter 607, Florida Statutes; and that my name appeals in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

4 2 NAME 4.3 STREET ADDRESS

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

☐ OELETE

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

NATURE AND TYPED OR PRINTED NAME OF SIGN

-/AV FIRM

4/22/99

(72) 593 207)

Change

Change

☐ Addition

Addition

R2F034 (11/98)