

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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P98000032194

1. Corporation Name

H. M. O. ENTERPRISES, INC

Principal Place of Business

1210 SW 28 STREET  
FT. LAUDERDALE, FL  
33315

Mailing Address

1210 SW 28 STREET  
FT. LAUDERDALE, FL  
33315

2. Principal Place of Business

21 Suite, Apt #, etc  
22 City & State  
23 Zip Country  
24

2a. Mailing Address

26 Suite, Apt #, etc  
27 City & State  
28 Zip Country  
29

9. Name and Address of Current Registered Agent

HERB OLMSTEAD  
1210 SW 28 STREET  
FT. LAUDERDALE, FL 33315

81 Name

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

83

84 City

FL 85 Zip Code

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 agent and to whom applicable

(NOTE: Registered Agent signature required when applicable)

(DAY)

12. OFFICERS AND DIRECTORS

TITLE	Pres	[ ] DELETE
NAME	HERB OLMSTEAD	
STREET ADDRESS	1210 SW 28 STREET	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33315	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13

14 TITLE		[ ] Change [ ] Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE		[ ] Change [ ] Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		[ ] Change [ ] Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		[ ] Change [ ] Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		[ ] Change [ ] Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		[ ] Change [ ] Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

8000002798858-5  
-03/09/99--01026--015  
\*\*\*150.00 \*\*\*150.00

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 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 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, with all other like empowered.

SIGNATURE: HERB OLMSTEAD  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

22499 954-467-9130

FILED

99 MAR -1 AM 8:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

4-6-98

4. FEE Number

Applied For  
 Not Applicable

\$8.75 Additional  
Fee Required

5. Certificate of Status Desired [ ]

6. Election Campaign Financing  
Trust Fund Contribution [ ]

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax [ ] Yes  No

10. Name and Address of New Registered Agent

CR2E034 (11/98)