SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

P98000070693

HMF CORPORATION

Principal Place of Business 3317 NW 10TH TERR., STE. 409 FT. LAUDERDALE FL 33309

Mailing Address

3317 NW 10TH TERR.. STE. 409 FT. LAUDERDALE FL 33309

FILED Jul 27, 1999 8:00 am Secretary of State

07-27-1999 90011 006 ***550.00



DO NOT WRITE IN THIS SPACE

					3. Date Incorporated or Qualified		
					08/10/1998		
2. Principal Place of Business 2a. Mailing Address					4. FEI Number Applied For		
4208 North 31 Avenue 26 PO Box 100			0527		65-0859608 Not Applica		
Suite, Apt. #	‡, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional Fee Required		
City & State City & State				· 😅:	6. Election Campaign Financing \$5.00 May Be	=- =	
3 HOllyw	vood FLorida	28 Fort Lauderdale F1		e F1	Trust Fund Contribution		
Zip	Country	Zip	Count		8. This corporation owes the current year	-	
3302	25 USA	29 33310	30 US	A	Intangible Personal Property. Yes No		
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent		
	UDELL ODAIO I		١	11 Name			
MANDELL, CRAIG J			\ <u>-</u>	82 Street Address (P.O. Box Number is Not Acceptable)			
800 CORPORATE DR., STE. 510			L				
FT.	LAUDERDALE FL 33334		ε	3			
			\ \{\bar{\bar{\bar{\bar{\bar{\bar{\ba	4 City	F1 85 Zip Code		
11. Pursuant	to the provisions of sections 607.0502 a	and 607.1508, Florida Statutes	s, the above	re-named c	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 a	nd title if spolicable (NOT	TE: Registere	d Agent signatu	re required when reinstating) DATE	1.	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	2	
TITLE	D	DELETE	1.1 TITL		Change Addi	ition	
NAME	GORDON, ALLEN		1.2 NAM	E	•		
STREET ADDRESS	3317 NW 10TH TERR., STE. 40	Δ.	13 STRE	ET ADDRESS	4208 North 31 Avenue, Suite 3		
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	•	1.4 CITY		Hollywood FLorida 33021	[]	
TITLE	D	DELETE	2.1 TITL		Change Addi	ition	
NAME	DURANDY, DIDIER		2.2 NAM				
STREET ADDRESS	2 RUE DE L'ADDE PATUREAU		2.3 STRE	ET ADDRESS			
Ţ	PARIS FRANCE 75018		2.4 CITY				
CITY-ST-ZIP	n PANIS TRAITCE 73010	DELETE	3.1 TITL		☐X Change ☐ Add	lition	
NAME	GORDON, BRIAN		3.2 NAM	E		İ	
STREET ADDRESS	3317 NW 10TH TERR., STE. 40	q	3.3 STRI	ET ADDRESS	4208 North 31 Avenue, Suite 3		
CITY-ST-ZIP	FT. LAUDERDALE FL 33309		3.4 CITY	-ST-ZIP	Hollywood, FLorida 33021		
TITLE	11. ENOUGHDALE 1 E GOOD	DELETE	4.1 TITL		Change Addi	ition	
NAME			4.2 NAM	E			
STREET ADDRESS				EET ADDRESS			
CITY-ST-ZIP			4.4 CITY				
TITLE		DELETE	5.1 TITL		Change Add	lition	
NAME			5.2 NAM	E			
STREET ADDRESS			5.3 STR	ET ADDRESS		1	
CITY-ST-ZIP			5.4 CITY	-ST-ZIP			
TITLE		DELETE	6.1 TITL	E	Change Add	lition	
NAME			6.2 NAM	E			
STREET ADDRESS			6.3 STRI	EET ADDRESS		1	
CITY-ST-ZIP			6.4 CITY			}	
44 I bereby or	ertify that the information supplied with the	nis filing does not qualify for th	e evemnt	ion stated in	n section 119.07(3)(i), Florida Statutes. I further certify that the information		
					ature shall have the same legal effect as if made under oath; that I am as required by Chapter 607, Florida Statutes; and that my name appears		

SIGNATURE:

in Block 12 or Block 13 if changed, or on an attachment with an address. IS MINICON LARE BRIAN GORDON

7-19-99

(954) 561 - 3607