

PROFIT
CORPORATION
ANNUAL REPORT

2000



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED
May 16, 2000 8:00 am
Secretary of State

03-22-2000 90043 040 ***150.00

DOCUMENT # **P99000066979**

Corporation Name

H. K. M. L. Incorporated

Place of Business

Mailing Address

**2200 Lake Ida Rd
Delray Beach, FL 33445**

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Delray Beach, FL 33445**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

7-22-99

4. FEI Number

65-0936730

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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

Principal Place of Business

2200 Lake Ida Rd

Suite, Apt. #, etc.

2a. Mailing Address

Same

Suite, Apt. #, etc.

City & State

Delray Beach FL

City & State

Delray Beach FL

Zip

33445

Country

25 Palm Beach

Zip

29

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**Harriet Herman
2545 NW 18th Ct
Delray Beach, FL 33445**

81 Name

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

83

84 City

FL

85 Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

ST-ZIP	NAME	TITLE	STREET ADDRESS	CITY-ST-ZIP	DELETED	1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
ST-ZIP	President Harriet Herman 2545 NW 18th Ct Delray Beach, FL 33445				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
ST-ZIP					<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
ST-ZIP					<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
ST-ZIP					<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
ST-ZIP					<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
ST-ZIP					<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
ST-ZIP					<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
ST-ZIP					<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
ST-ZIP					<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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:

Harriet Herman

3/17/00

Date

Daytime Phone #

CR2E034 (11/98)