


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

FILED
Feb 03, 1999 8:00am
Secretary of State

02-03-1999 90005 003 ****150.00



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # S19552 1. Corporation Name HBL PROPERTIES, INC.					
Principal Place of Business BOX 607 WINTER PARK FL 32790			Mailing Address BOX 607 WINTER PARK FL 32790		
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		3. Date Incorporated or Qualified 12/15/1990 4. FEI Number 59-3045145 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent STRONG, HOPE, III 200 WELBOURNE AVE. SUITE 4 WINTER PARK FL 32789			10. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable.					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VP	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STRONG, MARGARET C		1.2 NAME		
STREET ADDRESS	916 PALMER AVE.		1.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK FL		1.4 CITY-ST-ZIP		
TITLE	DS	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STRONG, DOROTHY JUNE		2.2 NAME		
STREET ADDRESS	709 OCEAN SHORE BLVD.		2.3 STREET ADDRESS		
CITY-ST-ZIP	ORMOND BEACH FL		2.4 CITY-ST-ZIP		
TITLE	DP	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STRONG, W. LEE		3.2 NAME		
STREET ADDRESS	803 JOHN ANDERSON DRIVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	ORMOND BEACH FL		3.4 CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STRONG, DAVID C		4.2 NAME		
STREET ADDRESS	300 VIRGINIA DR		4.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK FL		4.4 CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STRONG, HOPE III		5.2 NAME		
STREET ADDRESS	155 STOVIN AVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK FL		5.4 CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STRONG, WILEE JR		6.2 NAME		
STREET ADDRESS	803 JOHN ANDERSON DR		6.3 STREET ADDRESS		
CITY-ST-ZIP	ORMOND BCH FL		6.4 CITY-ST-ZIP		

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: *W. LEE STRONG* **15 JAN 99**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)