


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

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

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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02-03-1999 90005 003 ****150.00

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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

3. Date Incorporated or Qualified 12/15/1990	
4. FEI Number 59-3045145	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <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. City
84. State 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> DELETE
NAME	STRONG, MARGARET C	
STREET ADDRESS	916 PALMER AVE.	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	STRONG, DOROTHY JUNE	
STREET ADDRESS	709 OCEAN SHORE BLVD.	
CITY-ST-ZIP	ORMOND BEACH FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	STRONG, W. LEE	
STREET ADDRESS	803 JOHN ANDERSON DRIVE	
CITY-ST-ZIP	ORMOND BEACH FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	STRONG, DAVID C	
STREET ADDRESS	300 VIRGINIA DR	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	STRONG, HOPE III	
STREET ADDRESS	155 STOVIN AVE	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	STRONG, WILEE JR	
STREET ADDRESS	803 JOHN ANDERSON DR	
CITY-ST-ZIP	ORMOND BCH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)