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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(9)

RIC

oration Name	, O	10000	
HLAM LIMITED	. INC.		

FILED

Apr 17 1997 8:00am

Secretary of State

Principal Place of Business Mailing Address 6574 N STATE RD 7 COCONUT CREEK FL 33073 Mailing Address 6574 N STATE RD 7 COCONUT CREEK FL 33073-3625			E SBELIÐIR IN ONDIR BILDL ÐISIR BEING BIN ANDIN QLÆLI BIBNI ÐIÐIN DIÐU DIÐU ÞÆLI ÞOÐI					
					3. Date Incorporated or Qualified 3a. Date of Last Report 04/19/1991 04/26/1996			
2. Principal Place of Business	2a. Mailing	Address			4. FEI Number			oplied For
21	26				65-0256684		No.	ot Applicable
Suite, Apt. #, etc.	Suite.	Apt. #, etc.					\$8.75	Additional
22	27			•	5. Certificate of Status Desired	L.J	Fee R	equired
City & State	City &	State			6. Election Campaign Financing		\$5.00	May Be
23	28				Trust Fund Contribution			to Fees
Zip Country	Zip		Country	•	8. This corporation has liability for	r intangible t	ax under s	. 199.032,
24 25	29	30					No	
	s of Current Registered A	gent		r	10. Name and Address of New R	egistered A	gent	
Lamanna, Richard C			81	Name	1			
4451 NE 27TH AVE			82	Street Add	ress (P.O. Box Number is Not Accepta	ble)		
LIGHTHOUSE POINT FL 33	3064							
			83					
			84	City			85 Zip	Code
			"	Oily		FL	100 Lip	Code
12, OF	Ingestered agent and file if applicab FICERS AND DIRECTORS		13.		ulred when reinstating) ADDITIONS/CHANGES TO OFF			
TITLE D		☐ DELETE	1.1 TITLE			1	Change	Addition
RAME LAMANNA, RICHARD) C		1.2 NAME	ļ				
STREET ADDRESS 4451 NE 27TH AVE	· ••		1.3 STREET	ADDRESS	·			
CITY-51-ZIP LIGHTHOUSE POINT	<u>FL</u>	Deceme	1.4 CITY - S	IT-ZIP				4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
Title		☐ DELETE	2.1 TITLE	Ì		ı	Change	Additio
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STREET ADDRESS				ADDRESS				
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NAM:			3.2 NAME	4000000				
STREET ADDRESS				ADDRESS				
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STREET ADDRESS				ADDRESS				
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				r Annerse				
STREET ADDRESS				ADDRESS				
CNY-ST-ZIP TIFLE		DELETE	5.4 CITY-S 6.1 TITLE	01-217			Change	Additio
NAME		and process	6.2 NAME					riverior
STREET ADDRESS				ADORESS				
City CL 7ie			64 CITY					

14. I do 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 of supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under path; that I am an officer or director of the corporation on 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 Bloc

SIGNATURE: