

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **V50494** (6)

1. Corporation Name  
**H & B MANAGEMENT CORP.**



Principal Place of Business Mailing Address  
**45 BRISTOL DR. BOYNTON BCH FL 33436** **45 BRISTOL DR BOYNTON BEACH FL 33436**

*61 St. George Pl. P.O. Box 62000, FL 33412*

*SAME*

21	22	23	24	25	26	27	28	29	30
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report		4. FEI Number	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07/14/1992		03/01/1995		NOT APPLICABLE	
City & State		City & State		5. Certificate of Status Desired		8.75 Additional Fee Required		Applied For	
Zip		Zip		6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees		Not Applicable	
Country		Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		Yes No			

9. Name and Address of Current Registered Agent

**DANENBERG, HAROLD  
45 BRISTOL DR  
BOYNTON BEACH FL 33436**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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

Signature, typed or printed name of registered agent and the applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DANENBERG, HAROLD</b>	1.2 NAME	
STREET ADDRESS	<b>45 BRISTOL DR</b> <i>61st George Pl.</i>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>BOYNTON BEACH FL</b> <i>P.O. Box 62000 FL</i>	1.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DANENBERG, BARBARA</b>	2.2 NAME	
STREET ADDRESS	<b>45 BRISTOL DR</b> <i>61 ST. GEORGE PL.</i>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>BOYNTON BEACH FL</b> <i>P. BOX 62000, FL</i>	2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Harold Danenberg* **HAROLD DANENBERG** *1 Aristocrat Way* **407 691-8175**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (12/95)