

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 # 420360 (0)

1. Corporation Name

HASAM CORPORATION

Principal Place of Business

4111 LOUIS AVE.
HOLIDAY FL 34691
US

Mailing Address

3240 BRIAR CLIFF DR
HOLIDAY FL 34691
US



3. Date Incorporated or Qualified
03/05/1973

3a. Date of Last Report
04/28/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
59-1506923

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GARBART, CHERYL C.
2089 TEMPLE TERRACE
CLEARWATER FL 34624

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
GARBART, HARRY A.
STREET ADDRESS
3240 BRIAR CLIFF DR
CITY-ST-ZIP
HOLIDAY FL

1.1 TITLE ☐ Change ☐ Addition

NAME ☐ DELETE

NAME
GARBART, CHERYL C.
STREET ADDRESS
3240 BRIAR CLIFF DR
CITY-ST-ZIP
HOLIDAY FL

12 NAME ☐ Change ☐ Addition

NAME ☐ DELETE

NAME
GARBART, CHERYL C.
STREET ADDRESS
3240 BRIAR CLIFF DR
CITY-ST-ZIP
HOLIDAY FL

13 STREET ADDRESS ☐ Change ☐ Addition

NAME ☐ DELETE

NAME
GARBART, CHERYL C.
STREET ADDRESS
3240 BRIAR CLIFF DR
CITY-ST-ZIP
HOLIDAY FL

14 CITY-ST-ZIP ☐ Change ☐ Addition

NAME ☐ DELETE

NAME
GARBART, CHERYL C.
STREET ADDRESS
3240 BRIAR CLIFF DR
CITY-ST-ZIP
HOLIDAY FL

2.1 TITLE ☐ Change ☐ Addition

NAME ☐ DELETE

NAME
GARBART, CHERYL C.
STREET ADDRESS
3240 BRIAR CLIFF DR
CITY-ST-ZIP
HOLIDAY FL

22 NAME ☐ Change ☐ Addition

NAME ☐ DELETE

NAME
GARBART, CHERYL C.
STREET ADDRESS
3240 BRIAR CLIFF DR
CITY-ST-ZIP
HOLIDAY FL

23 STREET ADDRESS ☐ Change ☐ Addition

NAME ☐ DELETE

NAME
GARBART, CHERYL C.
STREET ADDRESS
3240 BRIAR CLIFF DR
CITY-ST-ZIP
HOLIDAY FL

24 CITY-ST-ZIP ☐ Change ☐ Addition

NAME ☐ DELETE

NAME
GARBART, CHERYL C.
STREET ADDRESS
3240 BRIAR CLIFF DR
CITY-ST-ZIP
HOLIDAY FL

3.1 TITLE ☐ Change ☐ Addition

NAME ☐ DELETE

NAME
GARBART, CHERYL C.
STREET ADDRESS
3240 BRIAR CLIFF DR
CITY-ST-ZIP
HOLIDAY FL

32 NAME ☐ Change ☐ Addition

NAME ☐ DELETE

NAME
GARBART, CHERYL C.
STREET ADDRESS
3240 BRIAR CLIFF DR
CITY-ST-ZIP
HOLIDAY FL

33 STREET ADDRESS ☐ Change ☐ Addition

NAME ☐ DELETE

NAME
GARBART, CHERYL C.
STREET ADDRESS
3240 BRIAR CLIFF DR
CITY-ST-ZIP
HOLIDAY FL

34 CITY-ST-ZIP ☐ Change ☐ Addition

NAME ☐ DELETE

NAME
GARBART, CHERYL C.
STREET ADDRESS
3240 BRIAR CLIFF DR
CITY-ST-ZIP
HOLIDAY FL

4.1 TITLE ☐ Change ☐ Addition

NAME ☐ DELETE

NAME
GARBART, CHERYL C.
STREET ADDRESS
3240 BRIAR CLIFF DR
CITY-ST-ZIP
HOLIDAY FL

42 NAME ☐ Change ☐ Addition

NAME ☐ DELETE

NAME
GARBART, CHERYL C.
STREET ADDRESS
3240 BRIAR CLIFF DR
CITY-ST-ZIP
HOLIDAY FL

43 STREET ADDRESS ☐ Change ☐ Addition

NAME ☐ DELETE

NAME
GARBART, CHERYL C.
STREET ADDRESS
3240 BRIAR CLIFF DR
CITY-ST-ZIP
HOLIDAY FL

44 CITY-ST-ZIP ☐ Change ☐ Addition

NAME ☐ DELETE

NAME
GARBART, CHERYL C.
STREET ADDRESS
3240 BRIAR CLIFF DR
CITY-ST-ZIP
HOLIDAY FL

5.1 TITLE ☐ Change ☐ Addition

NAME ☐ DELETE

NAME
GARBART, CHERYL C.
STREET ADDRESS
3240 BRIAR CLIFF DR
CITY-ST-ZIP
HOLIDAY FL

52 NAME ☐ Change ☐ Addition

NAME ☐ DELETE

NAME
GARBART, CHERYL C.
STREET ADDRESS
3240 BRIAR CLIFF DR
CITY-ST-ZIP
HOLIDAY FL

53 STREET ADDRESS ☐ Change ☐ Addition

NAME ☐ DELETE

NAME
GARBART, CHERYL C.
STREET ADDRESS
3240 BRIAR CLIFF DR
CITY-ST-ZIP
HOLIDAY FL

54 CITY-ST-ZIP ☐ Change ☐ Addition

NAME ☐ DELETE

NAME
GARBART, CHERYL C.
STREET ADDRESS
3240 BRIAR CLIFF DR
CITY-ST-ZIP
HOLIDAY FL

6.1 TITLE ☐ Change ☐ Addition

NAME ☐ DELETE

NAME
GARBART, CHERYL C.
STREET ADDRESS
3240 BRIAR CLIFF DR
CITY-ST-ZIP
HOLIDAY FL

62 NAME ☐ Change ☐ Addition

NAME ☐ DELETE

NAME
GARBART, CHERYL C.
STREET ADDRESS
3240 BRIAR CLIFF DR
CITY-ST-ZIP
HOLIDAY FL

63 STREET ADDRESS ☐ Change ☐ Addition

NAME ☐ DELETE

NAME
GARBART, CHERYL C.
STREET ADDRESS
3240 BRIAR CLIFF DR
CITY-ST-ZIP
HOLIDAY FL

64 CITY-ST-ZIP ☐ Change ☐ Addition

NAME ☐ DELETE

NAME
GARBART, CHERYL C.
STREET ADDRESS
3240 BRIAR CLIFF DR
CITY-ST-ZIP
HOLIDAY FL

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHERYL C. GARBART 4/24/96 (813) 812-8665

CR2E034 (12/95)