

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

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PROFIT CORPORATION ANNUAL REPORT 1997



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

FILED

97 JUL 24 PM 4:18

SECRETARY OF STATE
 TALLAHASSEE FLORIDA

DOCUMENT # 420360 (0)
 1. Corporation Name
HASAM CORPORATION



Principal Place of Business Mailing Address
 4111 LOUIS AVE. HOLIDAY FL 34691 US
 3240 BRIAR CLIFF DR HOLIDAY FL 34691 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 2035 MAUREEN DR.
 22 City & State 27 Suite, Apt. #, etc.
 23 HOLIDAY, FL 28 City & State
 24 Zip 25 Country 29 34690 30 PASCO

3. Date Incorporated or Qualified 3a. Date of Last Report
 03/05/1973 04/30/1996
 4. FEI Number Applied For
 59-1506923 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 owes or has paid the current year Intangible Personal Property Tax due June 30 Yes No

9. Name and Address of Current Registered Agent
 GARBART, CHERYL C.
 2089 TEMPLE TERRACE
 CLEARWATER FL 34624

10. Name and Address of New Registered Agent
 81 Name GARBART, CHERYL C.
 82 Street Address (P.O. Box Number is Not Acceptable) 2035 MAUREEN DR.
 83
 84 City HOLIDAY FL 85 Zip Code 34690

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 re-registering) DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	GARBART, HARRY A.	
STREET ADDRESS	3240 BRIAR CLIFF DR	
CITY-ST-ZIP	HOLIDAY FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	GARBART, CHERYL C.	
STREET ADDRESS	3240 BRIAR CLIFF DR	
CITY-ST-ZIP	HOLIDAY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	GARBART, HARRY A.
1.3 STREET ADDRESS	2035 MAUREEN DR.
1.4 CITY-ST-ZIP	HOLIDAY FL, 34690
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	GARBART, CHERYL C.
2.3 STREET ADDRESS	2035 MAUREEN DR.
2.4 CITY-ST-ZIP	HOLIDAY FL, 34690
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	100002250091-1
3.3 STREET ADDRESS	-07/29/97--01032--004
3.4 CITY-ST-ZIP	****165.00 ****165.00
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 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 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, or empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, changed, or on an attachment with an address.

CR2E034 (4/97)

[Handwritten signatures and dates]
 7/20/97 813
 210 4115

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**Hasam Corporation
2035 Maureen Dr.
Holiday, Fl. 34690**

Division of Corporations

July 20, 1997

**Annual Reports
P.O. Box 6327
Tallahassee, Fl. 32314**

To whom it may concern:

On July 18, 1997 I received a second notice for filing our corporation annual report. I was very distressed to find that we were being assessed \$385.00 late fee for not filing in June of this year..

Distressing because I never received a first notice for filing and would never have ignored the first notice in favor of the second at an addition cost of \$385.00. Only a fool or an idiot would take such a course of action and I like to think that I am neither.

After speaking with a representative in Tallahassee I was advised to send in the initial fee of \$165.00 and send a letter along with the fee.

If you look at our record of reporting you will see that filing late is not our normal procedure.

I wish to continue my corporation in the state of Florida, but I refuse to pay a penalty through no fault of mine.

Thank you



Cheryl C. Garbart

P.S. We have been at our present address for the past three years.