

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 # **683179** (6)

1. Corporation Name
HAME CORP.



Principal Place of Business: **1900 BISCAYNE BLVD. C/O D. R. MEAD JR. MIAMI FL 33132**
Mailing Address: **1900 BISCAYNE BLVD. C/O D. R. MEAD JR. MIAMI FL 33132**

3. Date Incorporated or Qualified: **08/27/1980**
3a. Date of Last Report: **05/23/1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21. 4990 S.W. 72 AVENUE	26. 4990 S.W. 72 AVENUE	59-2073019	<input type="checkbox"/> Not Applicable
22. Suite, Apt. #, etc. # 105	27. Suite, Apt. #, etc. # 105	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23. City & State MIAMI, FLORIDA	28. City & State MIAMI, FLORIDA	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24. Zip 33155	25. Country DADE	29. Zip 33155	30. Country DADE
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

**MEAD, JR D RICHARD
1900 BISCAYNE BLVD
MIAMI FL 33132**

81. Name	MEAD, JR. D RICHARD
82. Street Address (P.O. Box Number is Not Acceptable)	4990 S.W. 72 AVENUE
83. #	# 105
84. City	MIAMI
85. Zip Code	FL 33155

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: _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEAD JR., D. R.	1.2 NAME	MEAD JR., D. R.
STREET ADDRESS	1900 BISCAYNE BLVD	1.3 STREET ADDRESS	4990 S.W. 72 AVE. #105
CITY- ST- ZIP	MIAMI FL	1.4 CITY- ST- ZIP	MIAMI, FLORIDA 33155
TITLE	VSD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VSD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMILL, KENT	2.2 NAME	HAMILL, KENT
STREET ADDRESS	1900 BISCAYNE BLVD	2.3 STREET ADDRESS	4990 S.W. 72 AVENUE # 105
CITY- ST- ZIP	MIAMI FL	2.4 CITY- ST- ZIP	MIAMI, FLORIDA 33155
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: _____ DATE: **2/13/96** DAYTIME PHONE #: **305-662-6626**

CR2E034 (12/95)