

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED**

**95 AUG -8 AM 10: 15**

**SECRETARY OF STATE  
TALLAHASSEE FLORIDA**

**DOCUMENT # P94000085053 (4)**

1. Corporation Name

**HAMILTON DESIGN, INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>19900 NW 37 AVE LOT A33 CAROL CITY FL 33056</b>	Mailing Address <b>19900 NW 37 AVE LOT A33 CAROL CITY FL 33056</b>
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3. Date Incorporated or Qualified <b>11/21/1994</b>	3a. Date of Last Report
4. FEI Number <b>65-0536117</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21. Subst. Apt. #, etc. 22. City & State	2a. Mailing Address 26. Subst. Apt. #, etc. 27. City & State
24. City 25. County	29. City 30. County

**9. Name and Address of Current Registered Agent**

**HERSKOWITZ, JACK L  
9100 S DADELAND BLVD  
SUITE 1404  
MIAMI FL 33156**

**10. Name and Address of New Registered Agent**

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

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 aware with and accept the obligations of Section 607.0502, Florida Statutes.

SIGNATURE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CANDIDATES TO OFFICERS AND DIRECTORS	
101. NAME 102. STREET ADDRESS 103. CITY, ST., ZIP	<b>PD HAMILTON, ROBERT B 19900 NW 37 AVE LOT A33 CAROL CITY FL 33056</b>	11.01. NAME 11.02. NAME 11.03. STREET ADDRESS 11.04. CITY, ST., ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
101. NAME 102. STREET ADDRESS 103. CITY, ST., ZIP	<b>VD HAMILTON, T.A. 19900 NW 37 AVE LOT A33 CAROL CITY FL 33056</b>	12.01. NAME 12.02. NAME 12.03. STREET ADDRESS 12.04. CITY, ST., ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
101. NAME 102. STREET ADDRESS 103. CITY, ST., ZIP	<b>STD HAMILTON, M.E. 19900 NW 37 AVE LOT A33 CAROL CITY FL 33056</b>	13.01. NAME 13.02. NAME 13.03. STREET ADDRESS 13.04. CITY, ST., ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
101. NAME 102. STREET ADDRESS 103. CITY, ST., ZIP		14.01. NAME 14.02. NAME 14.03. STREET ADDRESS 14.04. CITY, ST., ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
101. NAME 102. STREET ADDRESS 103. CITY, ST., ZIP		15.01. NAME 15.02. NAME 15.03. STREET ADDRESS 15.04. CITY, ST., ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
101. NAME 102. STREET ADDRESS 103. CITY, ST., ZIP		16.01. NAME 16.02. NAME 16.03. STREET ADDRESS 16.04. CITY, ST., ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I declare, certify, and affirm that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.032(3)(b), Florida Statutes. I further certify that this information is filed as part of this annual report or supplemental annual report as 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 199, Florida Statutes, and that my name appears in Block 1, or Block 11 of a transcript, or as an attachment with an address.

**SIGNATURE:** *[Signature]* **7/31/95** **305-624-3165**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR