

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

**Apr 16 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000077352 (9)
 1. Corporation Name
HASIN PROMOTIONS, INC.



Principal Place of Business 22783 S. STATE RD. 7. STE. 167 BOCA RATON FL 33428-5427	Mailing Address 22783 S. STATE RD. 7. STE. 167 BOCA RATON FL 33428-5427
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3. Date Incorporated or Qualified 10/02/1995	3a. Date of Last Report 07/30/1996
4. FEI Number 65-0610508	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business	22. Suite, Apt. #, etc.	23. City & State	24. Zip	25. Country	26. Mailing Address	27. Suite, Apt. #, etc.	28. City & State	29. Zip	30. Country
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9. Name and Address of Current Registered Agent
**HASIN-KOKORIS, JODY
 22783 S. STATE RD. 7, STE. 167
 BOCA RATON FL 33428-5427**

10. Name and Address of New Registered Agent

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETED
TITLE	PD	<input type="checkbox"/>
NAME	HASIN, JODY	
STREET ADDRESS	22783 S. STATE RD. 7, SUITE 167	
CITY - ST - ZIP	BOCA RATON FL 33428	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
11. TITLE		<input type="checkbox"/>	<input type="checkbox"/>
12. NAME			
13. STREET ADDRESS			
14. CITY - ST - ZIP			
2.1. TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2. NAME			
2.3. STREET ADDRESS			
2.4. CITY - ST - ZIP			
3.1. TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2. NAME			
3.3. STREET ADDRESS			
3.4. CITY - ST - ZIP			
4.1. TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2. NAME			
4.3. STREET ADDRESS			
4.4. CITY - ST - ZIP			
5.1. TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2. NAME			
5.3. STREET ADDRESS			
5.4. CITY - ST - ZIP			
6.1. TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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 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: *Jody Kokoris (Kokoris)* **4.9.97** ⁵⁶¹⁻ **4885870**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E034 (9/96)