

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

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**95 APR 18 PM 8:09**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**CORPORATION ANNUAL REPORT 1995**



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

**DOCUMENT # 222615 (7)**

1. Corporation Name  
**HAMERSMITH, INC.**

Principal Place of Business: **3200 N.W. 125TH STREET MIAMI FL 33167**

Mailing Address: **3200 N.W. 125TH STREET MIAMI FL 33167**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **04/16/1959**

3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business (21) Suits, Apt. #, etc. (22) City & State (23) Zip (24) Country

2a. Mailing Address (26) Suits, Apt. #, etc. (27) City & State (28) Zip (29) Country

30

4. FEI Number: **59-0883884**

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

**HAMERSMITH, MINDA  
1481 NW NORTH RIVER DR  
MIAMI FL 33125**

10. Name and Address of New Registered Agent

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 \_\_\_\_\_ DATE \_\_\_\_\_

(Signature: Typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reconstituting)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HAMERSMITH, JOYCE
STREET ADDRESS	3200 NW 125TH ST
CITY - ST - ZIP	MIAMI FL
TITLE	STD
NAME	HAMERSMITH, HENRY
STREET ADDRESS	3200 NW 125TH ST
CITY - ST - ZIP	MIAMI FL
TITLE	D
NAME	HAMERSMITH, MINDA
STREET ADDRESS	3200 NW 125TH ST
CITY - ST - ZIP	MIAMI FL
TITLE	VD
NAME	HAMERSMITH, STEVEN
STREET ADDRESS	3200 NW 125TH ST
CITY - ST - ZIP	MIAMI FL
TITLE	D
NAME	HAMERSMITH, CHERYL
STREET ADDRESS	3200 NW 125TH ST
CITY - ST - ZIP	MIAMI FL
TITLE	
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	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 or changes, each in attachment with an address.

SIGNATURE:  **STEVEN HAMERSMITH** 4/18/95

\_\_\_\_\_  
(Signature: Typed or printed name of signing officer or director)