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Mar 26 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 431950 (5)
1. Corporation Name
HAMMONDS & BECK ENTERPRISES, INC.



Principal Place of Business: 8046-A PRESIDENTS DRIVE ORLANDO FL 32809
Mailing Address: 8046-A PRESIDENTS DRIVE ORLANDO FL 32809-7647

3. Date Incorporated or Qualified: 08/06/1973
3a. Date of Last Report: 10/28/1996
4. FEI Number: 59-1501745
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

2. Principal Place of Business: 21 Suite, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25
2a. Mailing Address: 26 Suite, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent
HAMMONDS, JAMES E
1441 SPRING LAKE TERRACE
OCOOEE FL 34761

10. Name and Address of New Registered Agent
B1 Name: B2 Street Address (P.O. Box Number is Not Acceptable): B3 B4 City: FL B5 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	HAMMONDS, JAMES E	
STREET ADDRESS	1441 SPRING LAKE TERRACE	
CITY- ST- ZIP	OCOOEE FL	
TITLE	G	<input type="checkbox"/> DELETE
NAME	HAMMONDS, DEBORAH A	
STREET ADDRESS	1441 SPRING LAKE TERRACE	
CITY- ST- ZIP	OCOOEE 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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	HAMMONDS, JAMES E	
1.3 STREET ADDRESS	1441 SPRING LAKE TERRACE	
1.4 CITY- ST- ZIP	OCOOEE FL 34761	
2.1 TITLE	PST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	HAMMONDS DEBORAH A	
2.3 STREET ADDRESS	1441 SPRING LAKE TERRACE	
2.4 CITY- ST- ZIP	OCOOEE FL 34761	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	STANISCH, JEANEMARIE	
3.3 STREET ADDRESS	8046A PRESIDENTS DRIVE	
3.4 CITY- ST- ZIP	ORLANDO FL 32809	
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 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: 3-20-97 DAYTIME PHONE: 407-438-8897

CR2E034 (9/96)