

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 696475

1. Corporation Name  
PHILIP HAMERSMITH, INC.

FILED  
Mar 30, 1999 8:00 am  
Secretary of State

03-30-1999 90029 048 \*\*\*150.00



Principal Place of Business  
~~1130 MANATI AVENUE~~  
~~CORAL GABLES FL 33146-3233~~  
6710 Main Street, Ste 236  
Miami Lakes, FL 33014

Mailing Address  
~~1130 MANATI AVENUE~~  
~~CORAL GABLES FL 33146-3233~~  
6710 Main Street, Ste 236  
Miami Lakes, FL 33014

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 6710 Main Street Suite, Apt. #, etc. 22 236 City & State 23 Miami Lakes, FL Zip 24 33014		2a. Mailing Address 26 6710 Main Street Suite, Apt. #, etc. 27 236 City & State 28 Miami Lakes, FL Zip 29 33014		Country 30 USA	
3. Date Incorporated or Qualified 07/28/1981		4. FEI Number 59-2105255		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		10. Name and Address of New Registered Agent		\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

BACH, L G  
2150 SW 13 AVE  
MIAMI FL 33148

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMERSMITH, PHILIP	1.2 NAME	
STREET ADDRESS	1130 MANATI AVE.	1.3 STREET ADDRESS	6710 Main Street, Ste 236
CITY-ST-ZIP	CORAL GABLES, FL 00000 } →	1.4 CITY-ST-ZIP	Miami Lakes, FL 33014
TITLE	VP	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BASHA, JACQUELINE	2.2 NAME	
STREET ADDRESS	1130 MANATI AVENUE	2.3 STREET ADDRESS	6710 Main Street, Ste 236
CITY-ST-ZIP	CORAL GABLES FL } →	2.4 CITY-ST-ZIP	Miami Lakes, FL 33014
TITLE		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		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		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		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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)