

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F95000004182 (0)

1. Corporation Name

HAMMER FINANCIAL CORPORATION

Principal Place of Business

Mailing Address

22 WEST JEFFERSON STREET
ROCKVILLE MD 20850

22 WEST JEFFERSON STREET
ROCKVILLE MD 20850



3. Date Incorporated or Qualified

3a. Date of Last Report

08/30/1995

4. F.E.I. Number

Applied For

52-1762796

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

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc

26

Suite, Apt. #, etc

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

9. Name and Address of Current Registered Agent

MICHNICK, HOWARD
150 E. PALMETTO PARK ROAD, SUITE 445
BOCA RATON FL 33432

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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. Thereby 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 in ink, or otherwise indicated as printed, and not applicable.

(If Officer or Director, Signature Required; otherwise, not required.)

Can

12. OFFICERS AND DIRECTORS

TITLE COB
NAME CRAMES, ARTHUR
STREET ADDRESS 19 BRIARCLIFFE ROAD
CITY-STATE-ZIP UPPER SADDLE RIVER NJ 07458

DELETE

TITLE D
NAME CRAMES, DALE
STREET ADDRESS 19 BRIARCLIFFE ROAD
CITY-STATE-ZIP UPPER SADDLE RIVER NJ 07458

DELETE

TITLE P
NAME MITCHELL, STEPHEN A
STREET ADDRESS 7209 BETTENDORF COURT
CITY-STATE-ZIP ROCKVILLE MD 20855

DELETE

TITLE ST
NAME MICHNICK, HOWARD
STREET ADDRESS 1400 SO. OCEAN BLVD. #1501N
CITY-STATE-ZIP BOCA RATON FL 33432

DELETE

TITLE AS
NAME BICKEL, PAMELA J
STREET ADDRESS 5630 PACIFIC BLVD #808
CITY-STATE-ZIP BOCA RATON FL 33433

DELETE

TITLE D
NAME BRAUN, SELMA
STREET ADDRESS 1400 S. OCEAN BLVD #1501N
CITY-STATE-ZIP BOCA RATON FL 33433

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

Change Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

Change Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

Change Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

Change Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

Change Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

Change Addition

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 119.07(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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

PAMELA J BICKEL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/10/96

Signature Print #

CR2E034 (3/96)