


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Aug 18 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 # F95000004182 (0) 1. Corporation Name HAMMER FINANCIAL CORPORATION			
Principal Place of Business 22 WEST JEFFERSON STREET ROCKVILLE MD 20850		Mailing Address 22 WEST JEFFERSON STREET ROCKVILLE MD 20850	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
9. Name and Address of Current Registered Agent MICHNICK, HOWARD 150 E. PALMETTO PARK ROAD, SUITE 445 BOCA RATON FL 33432		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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 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	COB	1.1 TITLE	
NAME	CRAMES, ARTHUR	1.2 NAME	
STREET ADDRESS	19 BRIARCLIFFE ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	UPPER SADDLE RIVER NJ 07458	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	
NAME	CRAMES, DALE	2.2 NAME	
STREET ADDRESS	19 BRIARCLIFFE ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	UPPER SADDLE RIVER NJ 07458	2.4 CITY-ST-ZIP	
TITLE	P	3.1 TITLE	
NAME	MITCHELL, STEPHEN A	3.2 NAME	
STREET ADDRESS	7209 BETTENDORF COURT	3.3 STREET ADDRESS	
CITY-ST-ZIP	ROCKVILLE MD 20855	3.4 CITY-ST-ZIP	
TITLE	ST	4.1 TITLE	
NAME	MICHNICK, HOWARD	4.2 NAME	
STREET ADDRESS	1400 SO. OCEAN BLVD. #1501N	4.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33432	4.4 CITY-ST-ZIP	
TITLE	AS	5.1 TITLE	
NAME	BICKEL, PAMELA J	5.2 NAME	
STREET ADDRESS	5630 PACIFIC BLVD #808	5.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33433	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	BRAINUM, SELMA	6.2 NAME	
STREET ADDRESS	1400 S. OCEAN BLVD #1501N	6.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33433	6.4 CITY-ST-ZIP	



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/30/1995	3a. Date of Last Report 07/17/1996
4. FEI Number 52-1762796	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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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:

Stephen A. Mitchell

STEPHEN A. MITCHELL 8/11/97

301-294-9060

CR2E034 (4/97)