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

FILED Jun 18 1998 8:00am **PROFIT** ELORIDA DEPARTMENT DE STATE **CORPORATION** Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # F9700000343 (0) HAMMER FINANCIAL CORP. OF S.W. FLA. Principal Place of Business Mailing Address 3601 W. BELMONT 3601 W. BELMONT CHICAGO IL 60618 CHICAGO IL 60618 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/22/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 36-4069602 4845 N. Milwaukee 4845 N. Milwaukee Not Applicable 21 Suite, Apt. #, etc Suito, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required Cily & State City & State 6. Election Campaign Financing \$5.00 May Be Chicago, Chicago, 23 Trust Fund Contribution Added to Fees Zip Country Zio rdry 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No 60630 25 USA 29 60630 30 U ≾A Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent B1 Name HAMMER, JOSEPH F JR. 1128 COUNTRY CLUB 82 Street Address (P.O. Box Number is Not Acceptable) CAPE CORAL FL 33990 Zip Code 84 City 11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the office or registered agout, of both, in the State of Florida, Such change was author agent. Lam familia, with, and accept the obligations. we named corporation submits this statement for the purpose of changing its registered by the corporation's board of directors. I hereby accept the appointment as registered: Joseph Hammer III, President 6/9/98 SIGNATURE (NOTE Her OF LICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12, DELETE Change Addition TITLE HAMMER, JOSEPH F III 121 75 NAME 4845 N. Milwaukee 3601 W. BELMONT 1.3.5 FET ADDRESS STREET ADDRESS Chicago, IL 60630 CHICAGO IL 60618 CITY-ST-ZIP - \$1- ZIP DELFTE Change 2.1 Addition TITLE 2.21 34 NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 City-St-ZiP CITY-ST-ZIP Addition DELETE 31 TITLE Change TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP \_\_\_ Change DLLETE Addition 4.1 TITLE TITLE NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-7IP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY - ST - ZIP CITY-ST-ZIP DELETE **6.1 TITLE** ☐ Change ■ Addition TITLE 6.2 NAME NAME

6.3 STREET ADDRESS

(773)282-5200

6.4 CTY - ST - ZIP

14. Thereby cortify that the information supplied with this filling 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 suppliemental annual report is true and accurate of the corporation or the receiver or trustee empowered to execut is report as required by Chapter 607, Florida Statutes; and that my name appears in

STREET ADDRESS

Block 12 or Block 13 if changed,

on an attachment with an

CITY-ST-ZIP