


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

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Apr 08 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 # G60484 (4)			
1. Corporation Name HADIT, INC.			
Principal Place of Business 2931 N.E. 16TH STREET % LEROY A. MERRITT POMPANO BEACH FL 33062		Mailing Address 2931 N.E. 16TH STREET % LEROY A. MERRITT POMPANO BEACH FL 33062-3104	
2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
MERRITT, LEROY A. 2931 N.E. 16TH STREET POMPANO BEACH FL 33062		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			
Signatures: 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	NAME	1.1 TITLE	1.2 NAME
PD	MERRITT, LEROY A.		
2895 N.E. 19TH STREET		1.3 STREET ADDRESS	
POMPANO BEACH FL		1.4 CITY-ST-ZIP	
		2.1 TITLE	2.2 NAME
VD	MERRITT, ALLEN L.		
2895 N.E. 18TH STREET		2.3 STREET ADDRESS	
POMPANO BEACH FL		2.4 CITY-ST-ZIP	
		3.1 TITLE	3.2 NAME
STD	FRAWLEY, JOHN		
2800 N.E. 14TH STREET		3.3 STREET ADDRESS	
POMPANO BEACH FL		3.4 CITY-ST-ZIP	
		4.1 TITLE	4.2 NAME
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
		5.1 TITLE	5.2 NAME
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
		6.1 TITLE	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 as an attachment with my address.			
SIGNATURE: <i>Allen Merritt</i> <i>Allen Merritt</i> 4/13/97 (454) 941-5207			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			



CR2E034 (9/96)