

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

FILED

Feb 12 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # H58747 (7)

1. Corporation Name  
F. M. HAMILTON INVESTMENT CO.

Principal Place of Business  
3069 E. CARRIGAN CANYON DR.  
SALT LAKE CITY UT 84109  
US

Mailing Address  
P.O. BOX 521238  
SALT LAKE CITY UT 84152



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/16/1985		3a. Date of Last Report 01/31/1996	
21 Suite, Apt #, etc.		26 Suite, Apt #, etc.		4. FEI Number 59-2537231		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent BARBARA J PETROSKI 100 W LUCERNE CIRCLE STE 504 ORLANDO FL 32801				10. Name and Address of New Registered Agent 81 Name Erich Huemer 82 Street Address (P.O. Box Number is Not Acceptable) 1400 International Dr. 83 84 City Orlando FL 85 Zip Code 32819			
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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 *Erich Huemer* DATE 1-10/97

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	DELETE	1.1 TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>			
NAME	HAMILTON, FINLEY M.		1.2 NAME				
STREET ADDRESS	2120 S 1300 E 101		1.3 STREET ADDRESS	3069 Carrigan Canyon			
CITY-ST-ZIP	SALT LAKE CITY UT		1.4 CITY-ST-ZIP	Salt Lake City, UT 84109			
TITLE	PD	DELETE	2.1 TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>			
NAME	PETERSON, MARILYN H.		2.2 NAME				
STREET ADDRESS	2120 S 1300 E 101		2.3 STREET ADDRESS	3069 Carrigan Canyon			
CITY-ST-ZIP	SALT LAKE CITY UT		2.4 CITY-ST-ZIP	Salt Lake City, UT 84109			
TITLE	S	DELETE	3.1 TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>			
NAME	TOBLER, JENNIFER		3.2 NAME				
STREET ADDRESS	2120 S 1300 E 101		3.3 STREET ADDRESS	3069 Carrigan Canyon			
CITY-ST-ZIP	SALT LAKE CITY UT		3.4 CITY-ST-ZIP	Salt Lake City, UT 84109			
TITLE	D	DELETE	4.1 TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>			
NAME	LINTON, JANE		4.2 NAME				
STREET ADDRESS	60 E SOUTH TEMPLE 1200		4.3 STREET ADDRESS	2001 Browning Ave.			
CITY-ST-ZIP	SALT LAKE CITY UT		4.4 CITY-ST-ZIP	Salt Lake City, UT 84108			
TITLE	D	DELETE	5.1 TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>			
NAME	IVANCOVICH, JOYCE		5.2 NAME				
STREET ADDRESS	2120 SOUTH 1300 EAST, #101		5.3 STREET ADDRESS	342 Ruma Rancho Ave.			
CITY-ST-ZIP	SALT LAKE CITY UT		5.4 CITY-ST-ZIP	Porterville, CA 93257			
TITLE		DELETE	6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>			
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			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 on an attachment with an address.

SIGNATURE: *[Signature]* DATE 1/6/97 DAYTIME PHONE 801-487-4048

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)