
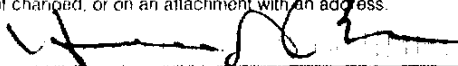


FILED

Mar 27 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # H87103 (8)		
1. Corporation Name HAMDEN H. BASKIN, III, P.A.		
Principal Place of Business 516 N FT./ HARRISON AVE CLEARWATER FL 34615		Mailing Address 516 N FT./ HARRISON AVE CLEARWATER FL 34615-3905
2. Principal Place of Business 21 Suite Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite Apt. #, etc. 27 City & State 28 Zip Country 29
3. Name and Address of Current Registered Agent		
BASKIN, HAMDEN H., III 516 N FT HARRISON AVE CLEARWATER FL 34615		81 Name 82 Street Address 83 84 City
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation or registered agent, or both, in the State of Florida, Such change was authorized by the corporation 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)		
12. OFFICERS AND DIRECTORS		
12.1 TITLE NAME STREET ADDRESS CITY- ST- ZIP	PTD BASKIN, HAMDEN H., III 516 N FT HARRISON AVE CLEARWATER FL	<input type="checkbox"/> DELETE
12.2 TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> DELETE
12.3 TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> DELETE
12.4 TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> DELETE
12.5 TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> DELETE
13. SECRETARIES		
13.1 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY- ST- ZIP		Sec
13.2 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY- ST- ZIP		
13.3 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY- ST- ZIP		
13.4 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY- ST- ZIP		
13.5 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY- ST- ZIP		
13.6 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 information indicated on this annual report or supplemental annual report is true and accurate and that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report appears in Block 12 or Block 13 if changed, or on an attachment with an address.		
SIGNATURE:  Hamden H. Baskin, III, President		



CR2E034 (9/96)