

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J55401

(0)

1. Corporation Name

HEMISPHERE CORPORATION

Principal Place of Business

1920 PALM BCH LAKES BLVD
SUITE 202
W. PALM BEACH FL 33409-3505

Mailing Address

1920 PALM BCH LAKES BLVD
SUITE 202
W. PALM BEACH FL 33409-3505

2. Principal Place of Business

21 5841 Corporate Way

Suite, Apt. #, etc.

22 Suite 100

City & State

23 West Palm Beach, FL

Zip

24 33407

Country

25 Palm Beach

2a. Mailing Address

26 5841 Corporate Way

Suite, Apt. #, etc.

27 Suite 100

City & State

28 West Palm Beach, FL

Zip

29 33407

Country

30 Palm Beach

3. Date Incorporated or Qualified

01/30/1987

3a. Date of Last Report

08/09/1995

4. FEI Number

59-2767009

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

WILSON, N. GRIFFIN
1920 PALM BEACH LAKES BLVD.
SUITE 202
W. PALM BEACH FL 33409

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

5841 Corporate Way

83

Suite 100

84

City
West Palm Beach

FL

85

Zip Code
33407

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

(Initials) Registered Agent signature required when re-registering

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
PDST
WILSON, N. GRIFFIN
STREET ADDRESS
1920 PALM BEACH LAKES BLVD
CITY-ST-ZIP
W. PALM BEACH FL 33409

TITLE ☒ DELETE

NAME
ST
WALDRON, THOMAS S.
STREET ADDRESS
1920 PALM BEACH LKS BLVD
CITY-ST-ZIP
W. PALM BEACH FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

100001827221

-05/20/96-01005-001

***3400.00

5-17-96 or

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
N. Griffin Wilson

Date

4-25-96

407-689-4488

Daytime Phone

CR2E034 (12/95)