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

PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J87665

(2)

HASHEM'S AUTO WORLD, INC.

FILED Jan 21 1997 8:00am Secretary of State

941-426-9531

Daytime Phone #

Principal Place	e of Business	Mailing Address			
5085 PAN AMER NORTH PORT FI		5085 PAN AMERICAN BLV NORTH PORT FL 34287-3		transport section of a con-	e e e e e e e e e e e e e e e e e e e
				3. Date Incorporated or Qualified 08/11/1987	3a. Date of Last Report 01/30/1996
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt	M. Alex	26		59-2831772	Not Applicable
22	NATIONAL WATER CONTRACTOR OF THE SAME AND ADDRESS OF T	Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	8	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for i	
24	25	29	30	Florida Statutes	
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Re	gistered Agent
HASŁ	1em, albert a.		81 Name		
	BEEDLA ST.		82 Street Add	ress (P.O. Box Number is Not Acceptab	ile)
NORT	TH PORT FL 34287		83	***************************************	
I			84 City		FL 85 Zip Code
office or re agent. Lar SIGNATURE	egistered agent, or both, in the State m familiar with land accept the oblig	e of Florida. Such change was gations of, Section 607.0505, F	authorized by the corpora lorida Statutes.	poration submits this statement for the p tion's board of directors. I hereby accep	urpose of changing its registered it the appointment as registered
	Signature, type dior printed rame of rightine Lag		TE Registered Agent signature requ		DATE
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	Change Addition
NAME	PD Hashem Albert	[] Otto	1.2 NAME		ERS AND DIRECTORS IN 12 Change Addition
STREET ADDRESS	6355 BEEDLA ST.		1.3 STREET ADDRESS		8
CITY-SI-7:P	NORTH PORT FL		1.4 City-St-ZiP		
TITLE	SO	DELETE	2.1 TITLE		Change Addition
NAME	HASHEM, DELORES		2 2 NAME		
STREET ADDRESS	6355 BEEDLA ST.		2.3 STREET ADDRESS		
CITY ST-ZP	NORTH PORT FL		2. 4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		Change Addition
NAME	HASHEM, CHARLES S		3.2 NAME		
STREET ADDRESS	7202 PETAL RD		3.3 STREET ADDRESS		
CHY-SI-ZiP	NORTH PORT FL.	- Devere	3.4. C(TY - ST - Z(P		
TITLE	D HACHEM CTEDUCKI I	L DELETE	4.1 TITLE		Change Addition
NAME STREET ADDRESS	HASHEM, STEPHEN J. 6355 BEEDLA STREET		4. 2 NAME 4.3 STREET ADDRESS		
City-St-ZiP	NORTH PORT FL 34287				
TITLE	HOHILL ONLIT 04201	DELETE	4.4 CITY - ST - ZIP 5.1 TITLE		Change Addition
NAME			5.2 NAME		Car Street, Fill (monitor)
\$1REET ADDRESS			5.3 STREET ADDRESS		
CITY+ST-ZIF			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
C(TY+ST+2)P			6.4 CITY-ST-ZIP		
information Lam an of	n indicated on this annual report or :	supplemental annual report is in the receiver or trustee empor	true and accurate and tha wered to execute this repo	d in Section 119.07(3)(i), Florida Statutes t my signature shall have the same legal rt as required by Chapter 607, Florida S	l effect se if made under asthethat l

DR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR