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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K2472

(8)

HAMMOND SCREENS, INC.

Mar 02 1998 8:00am Secretary of State

FILED

FIAMIN	ionu scheens, inc.			
Principal Plac	ce of Business	Mailing Address		
1930 TIGERT		1990 TIGERTAIL BLVD.		
BLD-13	THIE DEFO.	BUILDING 13		
DANIA FL 33004 DANIA FL 33004			DO NOT WRITE IN THIS SPACE	
US		US		3. Date Incorporated or Qualified
				05/23/1988
2. Principal Place of Business		2a. Mailing Address		4. FEI Number Applied For
Suite, Apt.	# 200	Suite, Apt. #, etc.		65-0053444 Not Applicabl
22 Suite, Apr.	π, etc.	27		5. Certificate of Status Desired Fee Regulred
City & Stat	le	City & State		
23		28		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible
24	25	29	30	Personal Property Tax due June 30. Yes No
	9, Name and Address of Curre			10. Name and Address of New Registered Agent
HV	AMMOND, PEGGY		81 Name	
	91 MAIN STREET		82 Street A	ddress (P.O. Box Number is Not Acceptable)
MIAMI LAKES FL 33014				15645 COLUNE AUGULA A 805
			83	
			84 City	AF 7in Code
		'	84 City	1) 4 m FL 65 Zip Code o
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes	, the above-named o	corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered
agent. La	registered agent, or both, in the State am f a miliar with, and accept the oblig	en Florida, Such chan ge was a u gations of, Section 607.05 05, Flori	ithorized by the corpo ida Statutes.	oration's board of directors. I hereby accept the appointment as registered
SIGNATURE				
	Signature, lyped or printed name of registered ag-		Registered Agent signature re	The state of the s
12.	T	ID DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	, D	U OFFEIE	1.1 TIT_E	_ · ·
NAME	HAMMOND, PEGGY		1.2 NAME	1-LY COLUMS AUGNOF +805
STREET ADDRESS	5201 S.W. 114 WAY FT. LAUDERDALE FL		1.3 STREET ADDRESS	101 mm C 311/m
CRTY-ST-ZIP	V LAUDENDALE FL	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	15645 COCURS AUGNUF +805 M14N1 A 33/60 Change Iddition
	HAMMOND, WILL	been		Citalige 1 400/10/
NAME	4000 SW 82 TERRACE		2.2 NAME	
STREET ADDRESS	DAVIE FL 3332 P		2.3 STREET ADDRESS	33328
CITY-ST-ZIP TITLE	WATER CONT	DELETE	2.4 CITY - ST - ZIP 3.1 TITLE	Change I Addition
NAME	HAMMOND, DALE	otter	3.1 TILE 3.2 NAME	. — Change L. Mubitot
	8620 NW 7TH COURT		3.3 STREET ADDRESS	
STREET ADDRESS	PEMBROKE PINES FL			العدد
CITY-ST-ZIP TITLE	3	DELETE	3.4. CITY - ST - ZIP 4.1 TITLE	Change Addition
NAME	HAMMOND, CARL F.		4. 2 NAME	- 1 A
STREET ADORESS	9800 SHERIDAN STREET		4.3 STREET ADDRESS	100/ NW 93 = ETWAT
CITY-ST-ZIP	PEMBROKE PINES FL		4.4 CITY-ST-ZIP	PEMBLUM PINES FL 23 PAY Change Addition
TITLE	, principality is	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CiTY - ST - ZIP	
TITLE		☐ DELET E	6.1 TITLE	☐ Change ☐ Addition
NAME		—	6.2 NAME	_
AVERT 1000000			4 + 070557 +0000500	

6.4 CITY-ST-ZIP

14. I 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.