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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

K43583

(9)

HAKADAMON CORPORATION



Principal Place	of Business	Maing Address						
	H 36 STREET D FL 33021-9631		3131 NORTH 36 STREET HOLLYWOOD FL 33021-9631					
					3. Date Incorporated or Qualified 11/04/1988	3a. Date of 04/	Last Report 27/1995	
2. Principal Pla	ice of Business	2a. Mailing Address	Mailing Address		4. FEI Number		Applied For	
21		26					Not Applicable	
Suite, Apt #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired See Required \$8.75 Additional Fee Required			
City & State		City & State		Election Campaign Financing \$5.00 May Be				
3		28		Trast Fund Contribution			Added to Fees	
Zφ	Country	Zip	Coun	try	8. This corporation has liability for i		nders 199.032,	
24	25	29	30		Florida Statutes			
	9. Name and Address of Currer	nt Registered Agent		ET	10. Name and Address of New R	egistered Age	ent	
			1	31 Name				
	RPORATION SYSTEMS		1	32 Street Add	ress (P.O. Box Number is Not Acceptab	le)		
	i. Pine island RD.		L.					
PLANT.	ATION FL 33324		Ι,	33				
			1	34 City		- 1	35 Zip Code	
				1	ration submits this statement for the pur	FL]		
12.		ID DIRECTORS	13.	gert Signit ne respon	ADDITIONS/CHANGES TO OFFI			
TITLE	DPTS	☐ DELETE	1 1 11	LF .			Change 🔲 Addition	
NAME	Greenberg, Kenneth J.		1.2 NAM	AE				
STREET ADDRESS	3131 NORTH 36 STREET		1.3 STP	EF1 ADDRESS				
CITY-ST-ZIP	HOLLYWOOD FL			Y-SI-7IP			Change	
TFTLE		DELETE	2 1 111			□,	Change	
NAME			2.2 NAM	I				
STREET ADDRESS				EET ADOPESS				
CITY-ST-7:P		DELETE	3 1 111	Y - S1 - ZIP		П	Change	
NAME			3.2 NA				- -	
STREET ADDRESS				HEFT ADDRESS				
CITY - ST - Z-P			3.4 C-T	Y-ST-ZiP				
TITLE		☐ DECETE	4 1 11				Change Addition	
NAME			4.2 NA	ME				
STREET ADDRESS			4.3 STF	IEEF AD DRESS				
CITY-ST-ZiP		ED 20		Y - \$1 - ZIP			Observation Autorities	
THILE		DELETE	5 1 TiT			LJ	Charge	
NAME			5.2 NAI					
STREET ADDRESS				REET ADDRESS				
CITY - ST - ZIP		☐ DELETE	6 1 TH	Y - ST 2IF		П	Change Addition	
TITLE		L'I percie	6.1 III 6.2 NA	1			Çillingo [] riquitidii	
NAME expert apopted				v: REEL ADORESS				
STREET ADDRESS				Y-ST-ZIP				
CiTY - ST - 7iP	1		■ 64U-1	1-31-21				

14. If do hereby certify that the information supplied with this fling 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 oah; 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 15 if changed, or on an attachment with an address.

SIGNATURE: _

ONAME OF SIGNING OFFICER ON DIRECTOR CONTROL C

CR2E034 (12/95)