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FILED
May 11 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # K80095 (8)
1. Corporation Name
HAMMOCKS PROPERTIES INC., REALTORS



Principal Place of Business Mailing Address
% GAD OHANA
9290 HAMMOCKS BLVD.
MIAMI FL 33196
% GAD OHANA
9290 HAMMOCKS BLVD.
MIAMI FL 33196

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
21 18060 W. Dixie 26 18060 W. Dixie
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 Hwy Miami 27 Hwy Miami
City & State City & State
23 FL 33160 28 FL 33160
Zip Country Zip Country
24 U.S.A. 29 U.S.A.

3. Date Incorporated or Qualified
04/12/1989
4. FEI Number 65-0198891 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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
OHANA, GAD
9290 SW 150 AVE
MIAMI FL 33196

10. Name and Address of New Registered Agent
81 Name OHANA GAD
82 Street Address (P.O. Box Number is Not Acceptable)
83 18060 W. Dixie Hwy
84 City Miami FL 85 Zip Code 33160

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]* DATE 4/28/98
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS
TITLE ☐ DELETE
NAME OHANA, GAD
STREET ADDRESS 9290 S.W. 150 AVE.
CITY-ST-ZIP MIAMI 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 OHANA GAD
1.3 STREET ADDRESS 18060 W. Dixie Hwy
1.4 CITY-ST-ZIP MIAMI FL 33160
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

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.

CR2E034 (10/97)