

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 # L40679 (7)

1. Corporation Name  
HAM COMMUNICATIONS, INC.



Principal Place of Business

P.O. BOX 3138  
LANTANA FL 33465

Mailing Address

P.O. BOX 3138  
LANTANA FL 33465

3. Date Incorporated or Qualified  
01/05/1990

3a. Date of Last Report  
01/13/1995

2. Principal Place of Business

2a. Mailing Address

21. 3646 23rd Ave So

26. P.O. Box 3138

22. Suite 102

27. Suite, Apt. #, etc.

23. Lake Worth, FL

28. Lantana, FL

24. 33461

25. Palm Beach

29. 33465

30. Palm Beach

4. FEI Number  
65-0163796

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

10. Name and Address of New Registered Agent

HART, RAYMOND R.  
2701 NORTHSIDE DR  
LANTANA FL 33462

81. Name

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

83.

84. City

FL

85. Zip Code

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 607.0605, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable

Signature, typed or printed name of registered agent and title, if applicable

Signature, typed or printed name of registered agent and title, if applicable

DATE

12. OFFICERS AND DIRECTORS

1. TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP  
2. TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP  
3. TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP  
4. TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

5. TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP  
6. TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

7. TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP  
8. TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

9. TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP  
10. TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

11. TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP  
12. TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

13. TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP  
14. TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

15. TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP  
16. TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

17. TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP  
18. TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
2. 1.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3. 1.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4. 1.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5. 1.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6. 1.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

7. 1.1 TITLE  
7.2 NAME  
7.3 STREET ADDRESS  
7.4 CITY-ST-ZIP  
8. 1.1 TITLE  
8.2 NAME  
8.3 STREET ADDRESS  
8.4 CITY-ST-ZIP

9. 1.1 TITLE  
9.2 NAME  
9.3 STREET ADDRESS  
9.4 CITY-ST-ZIP  
10. 1.1 TITLE  
10.2 NAME  
10.3 STREET ADDRESS  
10.4 CITY-ST-ZIP

11. 1.1 TITLE  
11.2 NAME  
11.3 STREET ADDRESS  
11.4 CITY-ST-ZIP  
12. 1.1 TITLE  
12.2 NAME  
12.3 STREET ADDRESS  
12.4 CITY-ST-ZIP

13. 1.1 TITLE  
13.2 NAME  
13.3 STREET ADDRESS  
13.4 CITY-ST-ZIP  
14. 1.1 TITLE  
14.2 NAME  
14.3 STREET ADDRESS  
14.4 CITY-ST-ZIP

15. 1.1 TITLE  
15.2 NAME  
15.3 STREET ADDRESS  
15.4 CITY-ST-ZIP  
16. 1.1 TITLE  
16.2 NAME  
16.3 STREET ADDRESS  
16.4 CITY-ST-ZIP

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: Raymond R. Hart Raymond R. Hart

DATE: 2/19/96

DAYTIME PHONE #

CR2E034 (12/95)