

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

FILED

Apr 29 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **M48556** (8)
1. Corporation Name
HASSEL FREE INC.



Principal Place of Business MATHERINE Y. EATON 1550 S.E. 17TH ST. STE 5 FT. LAUDERDALE FL 33316	Mailing Address 1550 S.E. 17TH STREET SUITE 5 FT. LAUDERDALE FL 33316
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1635 SO. MIAMI ROAD Suite, Apt. #, etc. 22 SUITE 8 City & State 23 FT. LAUDERDALE, FL Zip 24 33316		2a. Mailing Address 26 1635 SO. MIAMI ROAD Suite, Apt. #, etc. 27 SUITE 8 City & State 28 FT. LAUDERDALE, FL Zip 29 33316		3. Date Incorporated or Qualified 03/18/1987	
		4. FEI Number 59-2782467		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent ROWE, EDWARD B III 1550 S.E. 17TH ST., STE 5 FT. LAUDERDALE FL 33316				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 1635 SO. MIAMI ROAD # 8 83 84 City FT. LAUDERDALE FL 85 Zip Code 33316			
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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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input type="checkbox"/> DELETE		1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ROWE, EDWARD B III			1.2 NAME			
STREET ADDRESS	1550 S.E. 17TH ST., STE 5			1.3 STREET ADDRESS	1635 SO. MIAMI ROAD # 8		
CITY-ST-ZIP	FT. LAUDERDALE FL 33316			1.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33316		
TITLE	VPS	<input type="checkbox"/> DELETE		2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ROWE, MARGUERITE			2.2 NAME			
STREET ADDRESS	1550 S.E. 17TH ST., STE 5			2.3 STREET ADDRESS	1635 SO. MIAMI ROAD # 8		
CITY-ST-ZIP	FT. LAUDERDALE FL 33316			2.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33316		
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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.

SIGNATURE:  4/21/0.8 950-768-1841

CR2E034 (10/97)