2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0041638 AV

DOCUMENT # P01000120763

1. Entity Name
HAMMON ASSOCIATES, INC.

FILED
04 APR 19 PM 1:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03-04

Principal Place of Business	Mailing Address
3225 AVIATION AVE STE 700 MIAMI FL 33133	3225 AVIATION AVE STE 700 MIAMI FL 33133

2. Principal Place of Business	3. Mailing Address
222 LAKEVIEW AVE	222 LAKEVIEW AVE
Suite, Apt. #, etc. 160-600	Suite, Apt. #, etc. 160-600
City & State WEST PALM BCH. FL	City & State WEST PALM BCH. FL
Zip 33401	Country U.S.A
Zip 33401	Country U.S.A

4. FEI Number 02-0538244 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GARS, IRWIN S ESQ. 3225 AVIATION AVE STE 700 MIAMI FL 33133 DIOS JULY 2ND 03	Name: MICHAEL HEWITT Street Address (P.O. Box Number is Not Acceptable): 222 LAKEVIEW AVE SUITE 160-600 City: WEST PALM BCH FL Zip Code: 33401

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $550.00
After September 10, 2003 Fee will be $750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP HEWITT, MICHAEL ~~3225 AVIATION AVENUE STE 700~~ MIAMI FL 33133	☐ Delete	MICHAEL HEWITT 222 LAKEVIEW AVE #160-600 WEST PALM BCH. FL 33401	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	900033472769 04/21/04--01071--012 **300.00	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (4/03)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED _____ 3/29/04 SABIN 34 93-795
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

MICHAEL HEWITT

222 Lakeview Ave., Suite 160-600 · West Palm Beach, FL 33401 · Phone 34-93-7952633 Fax 34-93-7930085

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KATHY,

PER OUR PHONE CONVERSATION, I AM ASKING FOR A WAIVER OF THE PENALTY ON THE LATE UNITS BUSINESS REPORT FROM THE CORP. HAMMOND ASSOCIATES INC. I AM IN SPAIN BEING TREATED FOR MULTIPLE SCLEROSIS. I NOTIFIED MY ATTORNEY IRWIN GANS TO DO AS HE HAS DONE FOR MANY YEARS, FILING ALL OFFICIAL PAPERS FOR ME. MR GANS DIED JULY 2 OF THIS YEAR. I JUST RECEIVED MY PAPERS FROM HIS WIDOW AS HIS OFFICE IS CLOSED. THE BUSINESS REPORT PROMPTED ME TO CALL YOU AND DISCOVER WHAT WAS NOT DONE. I CAN'T UNDERSTAND WHY IT WAS NOT TAKEN CARE OF. I'M SORRY. PLEASE ACCEPT MY CHECK FOR $300.00 TO PUT HAMMOND ASSOCIATES IN GOOD STAND.

THANK YOU

MICHAEL HEWITT