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08 JAN -8 AM 11:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P16775 (9)

1. Corporation Name
HAMMOND VENTURE, INC.

Principal Place of Business C/O THE ALLEN MORRIS CO 1000 BRICKELL AVE BRICKELL BLDG 3RD FL MIAMI FL 33131	Mailing Address C/O THE ALLEN MORRIS CO 1000 BRICKELL AVE BRICKELL BLDG 3RD FL MIAMI FL 33131
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified
11/10/1987

4. FEI Number
59-2248649

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

**MORRIS, W. ALLEN
1000 BRICKELL AVE.
12TH FLOOR
MIAMI FL 33131**

10. Name and Address of New Registered Agent

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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BELL, JAMES F. (JR.)	
STREET ADDRESS	1100 JOHNSON FERRY RD NE	
CITY-ST-ZIP	ATLANTA GA	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	DAVIS, BILL G.	
STREET ADDRESS	1000 BRICKELL AVE 300	
CITY-ST-ZIP	MIAMI FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MORRIS, WILLIAM ALLEN	
STREET ADDRESS	1000 BRICKELL AVE 1200	
CITY-ST-ZIP	MIAMI FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	RUPP, GARY L.	
STREET ADDRESS	1000 BRICKELL AVE 300	
CITY-ST-ZIP	MIAMI FL	
TITLE	DC	<input type="checkbox"/> DELETE
NAME	MORRIS, L. ALLEN	
STREET ADDRESS	1000 BRICKELL AVE 1200	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	TAYLOR, LELAND H.	
1.3 STREET ADDRESS	1000 BRICKELL AVE, 1200	
1.4 CITY-ST-ZIP	MIAMI, FL	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	300002398573--9	
2.3 STREET ADDRESS	-01/13/98--01078--008	
2.4 CITY-ST-ZIP	*****150.00 *****150.00	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	300002398573--9	
3.3 STREET ADDRESS	-01/13/98--01078--009	
3.4 CITY-ST-ZIP	*****8.75 *****8.75	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

A. Allen
Jan. 8, 1998

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 *Bill G. Davis*

1-6-98 (305)358-1000

CR2E034 (10/97)