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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

CITY - S1 - ZIP

STREET ADDRESS

THE

MM:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED

Apr 25 1997 8:00am

Secretary of State

DOCUMENT # P9300006641 (3)

HAMCO BUSINESS PRODUCTS, INC.

P. O. BOX 21383 6135 PALMER BLVD **SARASOTA FL 34276-4383** UNIT B-3 SARASOTA FL 34240 3. Date Incorporated or Qualified 3a. Date of Last Report 01/25/1993 04/29/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0387477 26 Not Applicable Suite. Act. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Country Zip Zio 8. This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 29 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name STAUB, DAVID E 2238 WEST LEEWYNN DRIVE Street Address (P.O. Box Number is Not Acceptable) SARASOTA FL 34240 83 City 84 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, typied or printed name of registered agent and tills if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. D/P/C/M DELETE Change Addition MUE 1.1 TITLE STAUB, DAVID E 1.2 NAME NAME 2236 WEST LEEWYNN DRIVE 1.3 STREET ADDRESS SARASOTA FL 34240 City-5.1-76 1.4 CITY - ST-ZIP DELETE Change Addition 21 TITLE TITLE NAM: STAUB, SELINA K. 2.2 NAME 2236 WEST LEEWVAN DRIVE STREET ADDRESS 2.3 STREET ADDRESS SARASOTA, FL 34240 CHY-ST-ZIP 2. 4 CITY - ST - ZIP mue DELETE 31 TITLE Addition 3.2 NAME NAME STREET ADORESS 3.3 STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-7:P DELETE Change Addition TiTLE 41 TITLE 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-\$1-7P DELETE Channe Addition THE 5.1 TITLE 5.2 NAME NAVE STREET ADDRESS 5.8 STREET ADDRESS

14. I do 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 is run report is run 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.

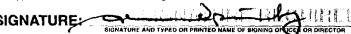
5.4 CITY - ST - ZIP

6.3 STREET ADDRESS

61 TITLE

6.2 NAME

DELETE



4(18/97

941-379-3100

Change

Addition