FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUI 1. Corporation		#	P9300	000	09980 (2	2)			******						
ROD HAMMES, INC.															
Principal Place of Business Mailing Address											I INDALORY INDIANO ININI ABAM DONI			INI EDINI DRIK HODE	
531 SW 31 (FT LAUDERE	531 SW 31 AVE FT LAUDERDALE FL	531 SW 31 AVE FT LAUDERDALE FL 33312													
							_				3. Date Incorporated or Qualified 02/10/1993	3a. Date of 1			
2. Principal Pla	ace of Busin			2a. Mailing Address						4. FEI Number		П	Applied For		
Suite, Apt.	#, etc.	26	Suite, Apt. #, etc.						65-0432651			Not Applicable			
22		27							5. Certificate of Status Desired			5 Additional Required			
City & State					City & State				•		Election Campaign Financing Trust Fund Contribution		\$5.0	May Be	
Zip 24	Country 25			29	¬ —			Country			8. This corporation has liability for intangible tax under s 199.032, Florida Statutes				
9. Name and Address of Current Re											10. Name and Address of New Registered Agent				
							8	1	Name						
HAMMES, RODNEY A 531 SW 31 AVE								2	Street Ad	ddres	s (P.O. Box Number is Not Acceptable	e)			
FT LAUDERDALE FL 33312								3						· · · · · · · · · · · · · · · · · · ·	
							8	4	City			—. 6	5	p Code	
11. Pursuant to	n the provisi	ons o	of Sections 607 0502	and 6	07 1509 Florida Statud	ton th	a shous	1			on submits this statement for the purp	<u> FL</u>			
					or. 1506, Florida Statut ch change was authoriz 7.0505, Florida Statutes		the cor	-na por	med corp ration's b	oard o	on submits this statement for the purp of directors. I hereby accept the appo	oose of changin intment as regi	g its i sterec	registered office I agent. I am	
SIGNATURE _						J .									
12.	Signature, typed	or print	ed name of registered agent.			OTE. Re		ent s	signature requ	ured wi	hen reinstating)	DATE			
TITLE	PD		OFFICERS AND	DIRE	DELETE		13.			VF	ADDITIONS/CHANGES TO OFFI				
NAME	HAMMES, RODNEY A										LITAMS JO D.	☐ Cr	1211BG	Addition	
STREET ADDRESS 531 SW 31 AVE								1.3 STREET ADDRESS			SW31 AVE				
CITY-ST-ZIP	FT LAU					1.4 CITY~ST-ZIP			LAND ERDAIG F	1 333/	2				
TITLE	T		(D)(CT)(1.1.1.1		☐ DELETE		2. 1 TITLE			•		C	iange	Addition	
NAME	HAMMES, KRISTINA N T ADDRESS 531 SW 31 AVE					2.2 NAME									
STREET ADDRESS							DDRESS								
CITY-ST-ZIP	11 1240	ULI	DALE FL 33312		☐ DELETE		2.4 CITY- 3. 1 TITLE		ZIP					The Address	
NAME					Deceme		3.2 NAME					☐ Ch	ange	☐ Addition	
STREET ADDRESS						ı	3.3. STRE		DOBESS						
CITY - ST - ZIP						ı	34 CITY-								
DILE					☐ DELETE		4. 1 TITLE					☐ Ch	ange	Addition	
NAME							4.2 NAME								
STREET ADDRESS							4.3 STREE	TÁC	DDRESS						
C'TY-ST-ZIP TITLE					☐ DÉLETE		4.4 CITY		ZIP					<u></u>	
NAME					□ nere∗e		5. 1 TITLE		1			☐ Ch	ange	Addition	
STREET ADDRESS						ı	5.2 NAME		DODGGG						
CITY - ST - ZIP					1	, f	5.3 STREE 5.4 CITY-								
TITLE			· · · · · · · · · · · · · · · · · · ·		☐ DELETE		6 1 TITLE	_	E/I			Ch	ange	☐ Addition	
NAME							6.2 NAME						•		
STREET ADDRESS						ı	6.3 STREE	I AD	ODRESS						
CITY - ST - ZIP	10		7				6.4 CITY-	ST-	ZIP						
oath; that I	am an office	eroro	director of the corpor	ation o		uai rej e ema					he exemption stated in Section 119.0 and that my signature shall have the s sport as required by Chapter 607, Flor				

SIGNATURE: RODING OFFICER OF DIRECTOR PLANTING TO DOLL 2-1696 305 5032621