FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P93000010991 (6)**

1. Corporation Name

HASSON ENTERPRISES, INC.

Principal Place of Business	Mailing Address
10308 PARADISE BLVD. TREASURE ISLAND FL 33706	10308 PARADISE BLVD. TREASURE ISLAND FL 33706

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

3. Date Incorporated or Qualified: **02/05/1993**

3a. Date of Last Report: **04/24/1995**

4. FEI Number: **59-3171021** ☐ Applied For ☐ Not Applicable

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 has liability for intangible tax under s. 199.032, Florida Statutes. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MCLEOD, PHILIP A
300 FIRST AVENUE SOUTH
SUITE 401
ST. PETERSBURG FL 33701

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 607.1506, 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 of New Registered Agent, if changed) (Name of New Registered Agent, if changed) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	HASSON, ROBERT, JAMES		12 NAME	
STREET ADDRESS	10308 PARADISE BLVD		13 STREET ADDRESS	
CITY-ST-ZIP	TREASURE ISLAND FL 33706		14 CITY-ST-ZIP	
TITLE	ST	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	HASSON, JULIA, H		22 NAME	
STREET ADDRESS	10308 PARADISE ISLAND		23 STREET ADDRESS	
CITY-ST-ZIP	TREASURE ISLAND FL 33706		24 CITY-ST-ZIP	
TITLE	VP	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	HASSON, ROBERT, JULIAN		32 NAME	
STREET ADDRESS	8511 KING ST		33 STREET ADDRESS	
CITY-ST-ZIP	SEMINOLE FL 34642		34 CITY-ST-ZIP	
TITLE	VP	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME	HASSON, JAMES, A		42 NAME	
STREET ADDRESS	6237-28TH AVENUE, NO.		43 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL 33710		44 CITY-ST-ZIP	
TITLE	VP	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME	HASSON, WILLIAM, B		52 NAME	
STREET ADDRESS	6201-28TH AVE NORTH		53 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL 33710		54 CITY-ST-ZIP	
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Robert James Hasson ROBERT JAMES HASSON 3-12-96 (813) 526-9156

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number