

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

28 Zip

24 Country

29 Country

30 Country

9. Name and Address of Current Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

85 Zip Code

FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HASSON, ROBERT, JAMES	1.2 NAME	
STREET ADDRESS	10308 PARADISE BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	TREASURE ISLAND FL 33706	1.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HASSON, JULIA, H	2.2 NAME	
STREET ADDRESS	10308 PARADISE ISLAND	2.3 STREET ADDRESS	
CITY-ST-ZIP	TREASURE ISLAND FL 33706	2.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HASSON, ROBERT, JULIAN	3.2 NAME	
STREET ADDRESS	8511 KING ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	SEMINOLE FL 34642	3.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HASSON, JAMES, A	4.2 NAME	
STREET ADDRESS	6237-28TH AVENUE, NO.	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL 33710	4.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HASSON, WILLIAM, B	5.2 NAME	
STREET ADDRESS	6201-28TH AVE NORTH	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL 33710	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 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: *[Signature]*

8-5-97 (813) 526-9156

CR2E024 (4/97)