

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED

95 JUL 14 AM 11:50

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P94000008034 (8)

1. Corporation Name

HAWTHORNE, INC.

Principal Place of Business

Mailing Address

100 N. STARCREST DR.
SUITE 202
CLEARWATER FL 34625

100 N. STARCREST DR.
SUITE 202
CLEARWATER FL 34625

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

02/01/1994

4. FEI Number

Applied For

59-3220185

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

9. This corporation has liability for intangible tax under s. 109.032, Florida Statutes Yes No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SMOUT, LES P/D
100 N. STARCREST DR.
SUITE 202
CLEARWATER FL 34625

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

Signature, typed or printed name of registered agent and this corporation

NOTE: Registered Agent signature required when reappointing.

DATE

12. OFFICERS AND DIRECTORS

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

D / P

NAME

SMOUT, LES

STREET ADDRESS

100 N. STARCREST DR., SUITE 202

CITY - ST - ZIP

CLEARWATER FL 34625

11 TITLE

Change Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

TITLE

VP

NAME

Kirschenbaum, Malcolm R.

STREET ADDRESS

402 High Point Drive

CITY - ST - ZIP

Cocoa, FL 32926

21 TITLE

Change Addition

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

TITLE

S/T/

NAME

DiDomenico, Patrick E.

STREET ADDRESS

402 High Point Drive

CITY - ST - ZIP

Cocoa, FL 32926

31 TITLE

Change Addition

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

41 TITLE

Change Addition

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

51 TITLE

Change Addition

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

61 TITLE

Change Addition

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

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 110.07(3)(k), 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 owner 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 changed or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Patrick E. DiDomenico, Secretary

June 28, 1995

Date

Typed Name

CF2E034 (3/95)