

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

FILED
May 19 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000025058 (6)

1. Corporation Name

SOLUTIONS-HAMMOCK, INC.

Principal Place of Business

2730 SW 3RD AVE.
SUITE 202
MIAMI FL 33129

Mailing Address

2730 SW 3RD AVE.
SUITE 202
MIAMI FL 33129



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/01/1994

4. FEI Number

65-0545489

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.



Yes



No

9. Name and Address of Current Registered Agent

HAIMAN, BARRY G
% AFFORDABLE HOUSING SOLUTIONS FOR FLORIDA
2730 SW 3RD AVE., SUITE 202
MIAMI FL 33129

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 607.1508, 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 filed if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	HAIMAN, BARRY G	
STREET ADDRESS	10250 COLLINS AVE, PH1	
CITY-ST-ZIP	BAL HARBOUR FL	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	AMAYA, MORRIS	
1.3 STREET ADDRESS	14629 SW 104 St., #216	
1.4 CITY-ST-ZIP	Miami, FL 33186	

2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	JONES, LUVERNE	
2.3 STREET ADDRESS	1 SE 3RD AVE., 20th FLOOR	
2.4 CITY-ST-ZIP	MIAMI, FL 33131	

3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	LITTLE, DEWAYNE L.	
3.3 STREET ADDRESS	1250 FUNSTON ST.	
3.4 CITY-ST-ZIP	HOLLYWOOD, FL 33019	

4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	LOPATE, SHAYNA	
4.3 STREET ADDRESS	C/O COLONIAL BANK, CRANDON BLVD.	
4.4 CITY-ST-ZIP	KEY BISCAYNE, FL 33149	

5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	GORDON, ALAN	
5.3 STREET ADDRESS	628 8TH AVE. NORTH	
5.4 CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250	

6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	REEVES, JOE	
6.3 STREET ADDRESS	1730 URBANA AVE	
6.4 CITY-ST-ZIP	DELTONA, FL 32725	

14. I 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:

Barry G. Haiman

4-23-98 305-858-1600

CR2E034 (10/97)