

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

**FILED**  
**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90028 031 \*\*\*158.75

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P94000025058**

1. Corporation Name  
**SOLUTIONS-HAMMOCK, INC.**



Principal Place of Business  
~~2730 SW 3RD AVE~~ 757 Arthur Godfrey Rd.  
~~SUITE 202~~  
~~MIAMI FL 33129~~ Miami Beach, FL 33140

Mailing Address  
~~2730 SW 3RD AVE~~  
~~SUITE 202~~  
~~MIAMI FL 33129~~ 757 Arthur Godfrey Rd.  
Miami Beach, FL 33140

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 the current year Intangible  
Personal Property Tax.

☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HAIMAN, BARRY G**

**% AFFORDABLE HOUSING SOLUTIONS FOR FLORIDA**

~~2730 SW 3RD AVE., SUITE 202~~  
~~MIAMI FL 33129~~

757 Arthur Godfrey Rd.  
Miami Beach, FL 33140

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 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	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE
	<b>DP</b>			<input checked="" type="checkbox"/>
	<b>HAIMAN, BARRY G</b>			
	<b>10250 COLLINS AVE, PHD 801</b>			
	<b>BAL HARBOUR FL 33154</b>			
	<b>T</b>			<input type="checkbox"/>
	<b>AMAYA, MORRIS</b>			
	<b>14629 SW 104 ST 216</b>			
	<b>MIAMI FL 33186</b>			
	<b>D</b>			<input type="checkbox"/>
	<b>JONES, LUVERNE</b>			
	<b>1 SE 3RD AVE 20TH FLOOR</b>			
	<b>MIAMI FL 33131</b>			
	<b>D</b>			<input type="checkbox"/>
	<b>LITTLE, DEWAYNE L</b>			
	<b>1250 FUNSTON ST</b>			
	<b>HOLLYWOOD FL 33019</b>			
	<b>D</b>			<input checked="" type="checkbox"/>
	<b>LOPATE, SHAYNA</b>			
	<b>C/O COLONIAL BANK CRANDON BLVD</b>			
	<b>KEY BISCAVNE FL 32250</b>			
	<b>D</b>			<input checked="" type="checkbox"/>
	<b>REEVES, JOE</b>			
	<b>1730 URBANA AVE</b>			
	<b>DELTONA FL 32725</b>			

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-STATE-ZIP	CHANGE	ADDITION
	<b>D</b>			<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<b>GOLDBERG, LARRY</b>				
	<b>c/o COLONIAL BANK.301 41st St.</b>				
	<b>MIAMI BEACH, FL 33140</b>			<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<b>D</b>			<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<b>BROWN, MISTY</b>				
	<b>C/O COMM. MOSS, 111 NW 1st ST</b>				
	<b>MIAMI, FL 33128</b>			<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<b>D</b>			<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<b>CHISHOLM, ROBERT</b>				
	<b>737 JERONIMO DR</b>				
	<b>CORAL GABLES, FL 33146</b>			<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<b>D</b>			<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<b>ROBINSON, MARC</b>				
	<b>10952 SW 161 ST</b>				
	<b>MIAMI, FL 33157</b>			<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<b>D</b>			<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<b>SHIVER, STEVE</b>				
	<b>200 NE 2nd DR</b>				
	<b>HOMESTEAD, FL 33030</b>			<input type="checkbox"/>	<input type="checkbox"/>

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)