SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

**PROFIT** 



FLORIDA DEPARTMENT OF STATE

ANNUA	PORATION AL REPORT 1996		DIV	Sandra B N Secretary o ISION OF COI	of State		
DOCUM 1. Corporation	1ENT#	P9400	003874	7 (9)			
HAMMC	OND AVION	CS, INC.				 	
Principal Place	of Business		Mailing Addre	ess			1141 <b>56</b> 146 11401 12111 18411 51211 1001 1001
7501 PEMBROKE RD 7501 PEMBROKE RD HOLLYWOOD FL 33023 HOLLYWOOD FL 3302							
US			US			3. Date Incorporated or Qualified 05/19/1994	3a. Date of Last Report 05/01/1995
2. Principal Place of Business 21 7501 Pembrolle R			2a. Mailing Address			4. FEI Number 65-0492259	Applied For Not Applicable
Suite, Apt. #	, etc.	27010	Suite, Apt	t. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
4 4 5	brolle Pi	us Fi-	City & Sta	ate		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip		Country	Z <sub>1</sub> p	3	Country	This corporation has liability for Florida Statutes	intangible tax under s 199 032, Yes No
24 270	25	Address of Curren			101	10. Name and Address of New Re	gistered Agent
10	NMMOND, TER 6 LAKE EMER AKLAND PARK	ALD DRIVE, #301			81 Name   82 Street # 83	erry ddress PO. Box Number is Not Acceptal 240 Pembroke R	ond  g # 2
11. Pursuant t	o the provisions	of Sections 607.050 or both, in the State	2 and 607.1508, Fl of Florida, Such ch	lorida Statutes	the above-named choraged by the	MI ramar torporation submits this statement for the p tration's board of directors. I hereby accep-	FL 85 Zip Code 33023 ourpose of changing its registered it the appointment as registered
SIGNATURE	Ilv	W Y A	tamme		Mesiden	regulared when remail times	7/30/96
	Signature, typed or pri	rrn name diregistered age	D DIRECTORS		<b>I</b> 13.	ADDITIONOLOUIANOFO TO OFFI	CERS AND DIRECTORS IN 12
12.		OFFICERS AN	D DINCOTONS	DELETE	1 1 TITLE	Bresident Terry L Hammond Dyd Pembreke Pd Miramar, Fi 3	Change Addition
TITLE	P	**************************************	<u></u>	,	1 2 NAME	Terry I Hammond	ļ
NAME		D, TERRY L	004		13 STREET ADDRESS	Dud Dens la ste Ma	#2
STREET ADDRESS		EMERALD DR., #	301		I 4 CiTY - ST- ZIP	Muse man Fi	3023
CITY-ST-ZIP	OAKLAND	PAHK FL		DELETE	2 1 TiTLE	1111111111	Change Addition
TITLE			<b>L</b>	,	2 2 NAME		
NAME					2 3 STREET ADORESS		
STREET ADDRESS					2 4 City - St - ZiP		
CITY-ST-ZIP				DELETE	3 1 THLE		Change Addition
TITLE			<u> </u>	-	3 2 NAME		
NAME					3 3 STREET ADDRESS		
STREET ADDRESS					3 4 CITY - ST - ZIP		
CITY-ST-ZIP TITLE				DELETE	4 1 TITLE		Change Addition
	:		<b>-</b>	_	4 2 NAME		
NAME	ļ				4 3 STREET ADDRESS		
STREET ADDRESS					4 4 CITY - \$1 - ZIP		
CITY-ST-ZIP				DELETÉ	51 TIFLE		Change Addition
TITLE			<b>L</b>	_	5.2 NAME		
NAME	1				5 3 STREET ADDRESS		
STREET ADDRESS					5 4 CITY - ST - ZIP		
CITY - ST - ZIP	<del> </del>		· · · · · · · · · · · · · · · · · · ·	DELETE	6 1 TITLE		Change Addition
TITLE			t		6.2 NAME		
NAME						1	
STREET ADDRESS	1				63 STREET ADDRESS	l .	

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 119 07(3)(k). Florida Statutes 1 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 an an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIJECTOR

Dad to Printed

Dad