

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000045150 (7)

1. Corporation Name

HAMR ENTERPRISES, INC.



Principal Place of Business

3430 N.W. 16TH STREET
BAY 2
LAUDERHILL FL 33311

Mailing Address

3430 N.W. 16TH STREET
BAY 2
LAUDERHILL FL 33311

3. Date Incorporated or Qualified

06/16/1994

3a. Date of Last Report

01/30/1995

2. Principal Place of Business

2a. Mailing Address

21 1648/1650 N.W. 34TR
Suite, Apt. #, etc.

26 1648/1650 NW 34 TR
Suite, Apt. #, etc.

4. FET Number

APPLIED FOR 65-0502384

Applied For
Not Applicable

22 City & State
23 LAUDERHILL, FLORIDA

27 City & State
28 LAUDERHILL, FLORIDA

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

24 33311
Zip Country

29 33311
Zip Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HUTSON, F. BRUCE
6440 S.W. 50TH STREET
MIAMI FL 33155

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 registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME HUTSON, F. BRUCE
STREET ADDRESS 6440 SW 50 STREET
CITY - ST - ZIP MIAMI FL

1.1 TITLE VICE-PRESIDENT/DIRECTOR ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE D ☐ DELETE
NAME HUTSON, DORIS
STREET ADDRESS 7029 SW 53 AVENUE
CITY - ST - ZIP MIAMI FL

2.1 TITLE PRES/DIRECTOR ☒ Change ☐ Addition
2.2 NAME HUTSON, DORIS
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

UP

4/8/96

954
587-1671

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