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

Mailing Address

9941 SW 4TH STREET PLANTATION FL 33324-2801

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

9941 SW 4TH STREET

PLANTATION FL 33324

STREET ADDRESS

SIGNATURE:

appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CITY-ST-7IP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000045283 (6)

617 HAMMONDVILLE ROAD PROPERTIES, INC.

3. Date Incorporated or Qualified 3a. Date of Last Report 06/13/1994 03/13/1996 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 65-0502228 Not Applicable 26 21 Suite, Apt. #, etc Suite, Apt. #, etc. \$8,75 Additional \Box 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees 23 Zip Country Zip Country This corporation has liability for intangible tax under s. 199.032, Yes No 25 29 30 Florida Statutes 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name HASAN, OSAMAH 941 NE 19TH AVENUE STE. 301 82 Street Address (P.O. Box Number is Not Acceptable) FORT LAUDERDALE FL 33304 83 City 84 Zip Code **B5** 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. PTSD DELETE Change Addition 11 TOTE TITLE NOFAL, KAHOOK 1.2 NAME NAME 9941 SW 4TH STREET 1.3 STREET ADDRESS STREET ADDRESS PLANTATION FL CITY-ST-ZIF 1.4 City - ST - ZiP DELETE Change ___ Addition 2.1 TITLE THILE MUNTAHA, KAHOOK 2.2 NAME NAME **j.**... 9941 SW 4TH STREET 2.3 STREET ADDRESS STREET ADDRESS PLANTATION FL 2.4 CITY-ST-ZIP CITY-SI-ZIP DELETE Change Addition 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADORESS STREET ADDRESS CITY - ST - ZIP 3.4. CITY-ST-ZIP Change Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CHY-SI-ZIP 4.4 CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE **5.2 NAME** NAME **5.3 STREET ADDRESS** STREET ADDRESS 5.4 CITY-\$1-ZIP CITY-ST-ZIP Change Addition DELETE 6.1 TITLE TITLE 6.2 NAME NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do 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

FILED Feb 21 1997 8:00am Secretary of State

