

**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 CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000076227 (5)**

1. Corporation Name
HADASEDA, INC.



Principal Place of Business

Mailing Address

**706 SMALLWOOD DRIVE
CHOKOLOSKEE FL 33925**

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CHOKOLOSKEE FL 33925**

3. Date Incorporated or Qualified 10/17/1994	3a. Date of Last Report 08/15/1995
4. FEI Number APPLIED FOR 65-0530478	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 263 N. Collier Ave.	26 P.O. Box 128
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 Everglades, FL	28 Everglades, FL
24 34139	29 34139
25 Country	30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MITCHELL, DANNY
706 SMALLWOOD DRIVE
CHOKOLOSKEE FL 33925 34139**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 type to print in Block 12: (Type in Block 12) Signature type to print in Block 13: (Type in Block 13)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D <input type="checkbox"/> DELETE	11 TITLE
NAME	MITCHELL, DANNY	12 NAME
STREET ADDRESS	706 SMALLWOOD DRIVE	13 STREET ADDRESS
CITY - ST - ZIP	CHOKOLOSKEE FL 33925	14 CITY - ST - ZIP
TITLE	D <input type="checkbox"/> DELETE	21 TITLE
NAME	MITCHELL, HAZEL	22 NAME
STREET ADDRESS	706 SMALLWOOD DRIVE	23 STREET ADDRESS
CITY - ST - ZIP	CHOKOLOSKEE FL 33925	24 CITY - ST - ZIP
TITLE	D <input type="checkbox"/> DELETE	31 TITLE
NAME	TORRE, DANA	32 NAME
STREET ADDRESS	410 BUCKNER AVE	33 STREET ADDRESS
CITY - ST - ZIP	EVERGLADES FL 33929	34 CITY - ST - ZIP
TITLE	D <input type="checkbox"/> DELETE	41 TITLE
NAME	SANDERS, LINDA	42 NAME
STREET ADDRESS	SR BOX 124, HWY. 29	43 STREET ADDRESS
CITY - ST - ZIP	COPELAND FL 33912-8	44 CITY - ST - ZIP
TITLE	<input type="checkbox"/> DELETE	51 TITLE
NAME		52 NAME
STREET ADDRESS		53 STREET ADDRESS
CITY - ST - ZIP		54 CITY - ST - ZIP
TITLE	<input type="checkbox"/> DELETE	61 TITLE
NAME		62 NAME
STREET ADDRESS		63 STREET ADDRESS
CITY - ST - ZIP		64 CITY - ST - ZIP

President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
MITCHELL, DANNY
706 Smallwood Dr.
Chokoloskee, FL 34138
Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
Linda Sanders
SR Box 124, Hwy. 29
Copeland, FL 33912-8
Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
Dana TORRE
410 Buckner Ave
Everglades, FL 34139
Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
Hazel Mitchell
706 Smallwood Dr.
Chokoloskee, FL 34138
<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 119.37(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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Dana Torre**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

941-695-4210

CR2E034 (3/96)