

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

**CORPORATION
ANNUAL REPORT
1995**



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

FILED

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P94000085053 (4)

1. Corporation Name

HAMILTON DESIGN, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business 19900 NW 37 AVE LOT A33 CAROL CITY FL 33056	Mailing Address 19900 NW 37 AVE LOT A33 CAROL CITY FL 33056
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3. Date Incorporated or Qualified 11/21/1994	3a. Date of Last Report
4. FEI Number 65-0536117	Applied For 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21. Subst. Apt. #, etc. 22. City & State	2a. Mailing Address 26. Subst. Apt. #, etc. 27. City & State
24. City 25. County	29. City 30. County

9. Name and Address of Current Registered Agent

**HERSKOWITZ, JACK L
9100 S DADELAND BLVD
SUITE 1404
MIAMI FL 33156**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
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 aware of, and accept the obligations of, Section 607.0502, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CANDIDATES TO OFFICERS AND DIRECTORS	
101. NAME 102. STREET ADDRESS 103. CITY, ST., ZIP	PD HAMILTON, ROBERT B 19900 NW 37 AVE LOT A33 CAROL CITY FL 33056	11. TITLE 12. NAME 13. STREET ADDRESS 14. CITY, ST., ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
101. NAME 102. STREET ADDRESS 103. CITY, ST., ZIP	VD HAMILTON, T.A. 19900 NW 37 AVE LOT A33 CAROL CITY FL 33056	15. TITLE 16. NAME 17. STREET ADDRESS 18. CITY, ST., ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
101. NAME 102. STREET ADDRESS 103. CITY, ST., ZIP	STD HAMILTON, M.E. 19900 NW 37 AVE LOT A33 CAROL CITY FL 33056	19. TITLE 20. NAME 21. STREET ADDRESS 22. CITY, ST., ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
101. NAME 102. STREET ADDRESS 103. CITY, ST., ZIP		23. TITLE 24. NAME 25. STREET ADDRESS 26. CITY, ST., ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
101. NAME 102. STREET ADDRESS 103. CITY, ST., ZIP		27. TITLE 28. NAME 29. STREET ADDRESS 30. CITY, ST., ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
101. NAME 102. STREET ADDRESS 103. CITY, ST., ZIP		31. TITLE 32. NAME 33. STREET ADDRESS 34. CITY, ST., ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
101. NAME 102. STREET ADDRESS 103. CITY, ST., ZIP		35. TITLE 36. NAME 37. STREET ADDRESS 38. CITY, ST., ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I declare, certify, and warrant that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.03(3)(b), Florida Statutes. I further certify that this information is filed as part of this annual report or supplemental annual report as 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 199, Florida Statutes, and that my name appears in Block 1, or Block 13 if it appears as an attachment with an address.

SIGNATURE: *[Signature]* 7/31/95 305-624-3165
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR