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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #	P95000023548	(7)
I. Corporation Name	1 0000000000	7. /

HAM SLAM, INC.

Principal Place of Business

22 PATIO DELEON FT MYERS FL 33901 Mailing Address

186 BELLECLAIRE PL. VERONA NJ 07044

FILED Apr 29 1997 8:00am Secretary of State



0611952

								ľ	3. Date Incorporated or Qualified	1	te of Last Re	eport
							03/21/1995 05/01/1996					
2. Principal Pla	ace of Busin	oss	28.	Mailing Address 16 BELL	ECLA:	T D	C PI	, 1	4. FEI Number			oplied For
Suite, Apt #	etc:		[26]	Suite, Apt. #. etc.	COM				65-0572378		\$8,75	ot Applicable
22 27							- 1	5. Certificate of Status Desired		Fee Re		
City & State City & State							, 		6. Election Campaign Financing		\$5.00	May Be
23	······································		28	VERONA	1 1	רא ו			Trust Fund Contribution		Added 1	
Zφ	}	Country		ZIP 2044	L	untry	(SA	ĺ	8. This corporation has liability for i			. 199.032,
24	<u>_</u>	25 and Address of Curre	29 nt Regie	tered Agent	[30]	, u	(2 4	1	Florida Statutes 10. Name and Address of New Reg		No	
WINESETT, RICHARD W												
2248 FIRST ST						82	Street A	ddras	se (P.O. Box Number is Not Acceptab	اها		
	YERS FL 3	33901				02	Street Address (P.O. Box Number is Not Acceptable)					
						83						
l						84	City				85 Zip (Code
										<u>FL</u>		
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 ag				ed Age	ent signature r	required	when reinstaling)	DATE	5 OF OF OF	20 11 10
12.	D	OFFICERS AN	ND DIREC	DELETE	13.	ITI E			ADDITIONS/CHANGES TO OFFIC	ERS AND	Change	Addition
NAME	-	T, RICHARD W		L. DECETE		IILE IAME						Addition
STREET ADDRESS	1517 HEN						T ADDRESS					
CITY-ST-ZIP		S FL 33901					ST-ZIP					
THILE	P	0 16 0001		DELETE	2.11		DI - EII				Change	Addition
NAME	BUMB, R	ONALD A			2.21	IAME	}					
STREET ADDRESS		CLAIRE PL			2.3 5	STAEET	T ADDRESS					
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STREET ADDRESS		/EN LAKES BLVD. #	2				TADDRESS					
CITY - ST - ZIP TITLE	FI. MYEF S	RS FL 33907		DELETE	3.4. 4.1 T		ST-ZIP	····			Change	Addition
NAME	HEINDL, I	KIM		L Occele	1	TILE NAME	. }					
STHEET ADDRESS		LLEIGH LANE UNIT I	(-1				T ADDRESS					
CITY-ST-ZiP		S FL 33919	• •		4		ST-ZIP					i
TITLE	- T 171 1 hol 1			DELETE	5.11						Change	Addition
NAME						IAME	ļ				-	ļ
STREET ADDRESS					5.3 \$	STREE	T ADDRESS					
CITY-ST-ZIP					540	CITY-S	ST-ZIP					
TITLE				☐ DELETE		TITLE	1		<u></u>		Change	Addition
NAME					6.2	NAME	}					
STREET ADDRESS					6.3 \$	STREET	T ADDRESS					
City-St-7iP					6.43	HTY-	ST-ZIP					
14. I do hereb information	y certify than indicated i	t the information supplied this annual report	ed with the	his filing does not quental annual report	ualify for the is true and	exe acc	emption st surate and	tated ii that n	in Section 119.07(3)(i), Florida Statute ny signature shall have the same lega	s. I further I effect as	certify that if made un	the der oath; that
I am an of appears in	ficer or direction Block 12 o	ctor of the corporation.	The rec	eiver or trustee emp attachment with an	powered to address.	exe	cute this re	eport i	n Section 119.07(3)(i), Florida Statute ny signature shall have the same lega as required by Chapter 607, Florida S	tatutes; ar	nd that my r	name