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FILED
Jan 27 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P95000025052 (8)

1. Corporation Name

HAMMER MANAGEMENT SYSTEMS INC.



Principal Place of Business

Mailing Address

2717 FLORIDA BLVD
122
DELRAY BCH FL 33483
US

21218 ST. ANDREWS BLVD
P.O. BOX 200
BOCA RATON FL 33433
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/27/1995

4. FEI Number

65-0565884

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.



Yes



No

2. Principal Place of Business

2a. Mailing Address

21 2649 FLORIDA BLVD

Suite, Apt. #, etc.

22 111

City & State

23 DELRAY BCH FL

Zip

24 33483

Country

25 USA

9. Name and Address of Current Registered Agent

HAMMER, FLOYD V
2717 FLORIDA BLVD.
STE 122
DELRAY BCH FL 33483

26 P.O. BOX 361

Suite, Apt. #, etc.

27

City & State

28 UNION, IDWA

Zip

29 50258

Country

30 USA

10. Name and Address of New Registered Agent

81 Name

FLOYD V HAMMER

82 Street Address (P.O. Box Number is Not Acceptable)

2649 FLORIDA BLVD

83

APT # 111

84 City

DELRAY BCH

FL

85 Zip Code

33483

11. Pursuant to the provisions of Sections 607.0507 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

1/17/98

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

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CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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

SIGNATURE:

[Signature]

1/17/98 800-338-1111

CR2E034 (10/97)