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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

P95000059826 (4) **DOCUMENT #**

HAMLET DEVELOPMENT COMPANY # 8 Mailing Address Principal Place of Business 15321 S DIXIE HWY. SUITE 201 15321 S DIXIE HWY. SUITE 201 MIAMI FL 33157 MIAMI FL 33157 3a. Date of Last Report 3. Date Incorporated or Qualified 07/31/1995 Applied For 2a. Mailing Address 2. Principal Place of Business 65-0595849 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Suite, Apt. #, etc. Fee Required 27 22 \$5.00 May Be 6. Election Campaign Financing City & State [7 City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s. 199.032, Country Zφ Zip Country Florida Stalutes ☐ Yes ☐ No 30 29 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name Street Address (P.O. Box Number is Not Acceptable) 82 WEISS, MELVIN A 15321 S DIXIE HWY, SUITE 201 83 **MIAMI FL 33157** Zip Code 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. #JOTE Hispoth ed Agent signature required when relastating SIGNATURE Signature, typed or portled han a of register all agent and their application ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELETE 1.130115 TITLE 1.2 NAME JUSJAH, JURAX NAME 15321 S DOXIE BULLWAY SEE JOI 1.3 STREET ACORESS STREET ADDRESS 1.4 C(TY - ST - ZIP MINAIFL 33157 CITY-ST-ZIP Change Addition C DELETE 2.1THE TITLE レナハ ROYO, EMILO HAVLORY, SEE SOI 2.2 NAME NAME 2 3 STREET ADORESS STREET ADDRESS MIAMI FC 33157 2.4 CHY - ST - ZIF CITY-ST-ZIP Change Addition DELETE 3 1 TiTLE TITLE 3.2 NAME LEUINE, ADEL NAME 15301 & DIXIE HIGHWAY, 578 381 3.3 STREET ADDRESS STREET ADDRESS MIAMI, FL 33157 3.4 CITY - S* - 7:P CITY - ST - ZIF ☐ Addition Change □ DELETE 4. 1 TITLE TITLE P 4.2 NAME NAME GOODPASTER, CHARLES A 15321 S DIXIZ HIGHLANY STEDEN 4.3 STREET ADDRESS STREET ADDRESS 4.4 CHY+ST, ZIP MIAMI FC 33157 CITY - ST - ZIP Change Addition DELETE 5.1 III.E TITLE 5.2 NAM NAME 5.3 STREET ADDRESS STREET ADDRESS 5 4 CHTY - ST - ZIP 4000017568**6**400 CITY - ST - ZIF DELETE 6 1 TITLE TITLE -03/26/96--01032--003 ***1043.75

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

JERRY L. JOSEPH SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

14. I do hereby certify that the information supplied with this filing is voluntarily furnist certify that the information indicated on this annual report or supplemental annual report or supplemental annual report in an anothic or director of the corporation or the receiver or truster appears in Block 12 or Block 13 if changed, or on an attachment with an address.

6.2 NAME

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ed and does not report is true an

for the exemption stated is Section 119.07(3)(k), Florida Statutes. I further that my signature shall have the same legal effect as if made under this report as equipid by Chapter 607, Florida Statutes; and that my name

CR2E034 (12/95)