

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000082009 (8)**

1. Corporation Name  
**D. HAMMOND & ASSOCIATES, INC.**



Principal Place of Business  
**790 E. BROWARD BLVD.  
SUITE 902  
FT. LAUDERDALE FL 33301**

Mailing Address  
**790 E. BROWARD BLVD.  
SUITE 902  
FT. LAUDERDALE FL 33301**

3. Date Incorporated or Qualified **10/25/1995** 3a. Date of Last Report

4. FEI Number **65-0615803** 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 has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business  
21 **4533 NW 9th Ave.**  
Sub., Apt. #, etc.

22 **Pompano Beach, FL**  
City & State

23 **33064** **USA**  
Zip Country

2a. Mailing Address  
26 **/o Acctg. & Business Conslts.**  
Suite, Apt. #, etc.

27 **790 E. Broward Blvd. #302**  
City & State

28 **Ft. Lauderdale, FL**  
City & State

29 **33301** **USA**  
Zip Country

9. Name and Address of Current Registered Agent

**HAMMOND, DONALD S  
4533 N.W. 9TH AVE.  
POMPANO BEACH FL 33064**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, 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 607.0609, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature of Registered Agent (Required for all corporations) Signature of Registered Agent (Required for all corporations) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D HAMMOND, DONALD</b>	1.2 NAME	
STREET ADDRESS	<b>4533 N.W. 9TH AVE.</b>	1.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>POMPANO BEACH FL 33064</b>	1.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D HAMMOND, LEAH D</b>	2.2 NAME	
STREET ADDRESS	<b>4533 N.W. 9TH AVE.</b>	2.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>POMPANO BEACH FL 33064</b>	2.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-STATE-ZIP		3.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

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 119.07(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13, unchanged or on an attachment with an address.

SIGNATURE: *Donald S. Hammond*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Donald S. Hammond**

**23 FEB 1996** **365-786-2485**  
Date Dispute Phone #

CR2E034 (12/95)