## 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 # P95000085933 (6)

HAMILTON UNLIMITED, INC.

| Principal Place of Business | Mailing Address   |  |  |
|-----------------------------|-------------------|--|--|
| 7462 SILVERWOOD COURT       | 7462 SILVERWOOD C |  |  |
| BOCA RATON FL 83433         | BOCA RATON FL 334 |  |  |

## **FILED** May 01 1997 8:00am Secretary of State



| 7462 SILVERWOOD COURT<br>BOCA RATON FL 33433 |  | 7462 SILVERWOOD COURT<br>BOCA RATON FL 33433-3316  |  |  |  |
|--|--|--|--|--|--|
|  |  |  |  | 3. Date Incorporated or Qualified 11/08/1995   | 3a. Date of Last Report 05/01/1996       |
|  | ace of Business  | 2a, Mailing Address  | ······································           | 4. FEI Number  | Applied For                              |
| Suite, Apt.                                  | # oto  | 26   |  | 65-0616895   | Not Applicable                           |
| 22   |  | Suite, Apt. #, etc.  |  | 5. Certificate of Status Desired   | \$8.75 Additional Fee Required           |
| City & State                                 | 9  | City & State   |  | 6. Election Campaign Financing   | \$5.00 May Be                            |
| Zip  | Country  | <b>28</b>  | Gountry  | Trust Fund Contribution  | ☐ Added to Fees                          |
| 14   | . 25   | <del>   </del> | 30   | 8. This corporation has liability for i  | Nangible (xx under s. 199.032,           |
|  | g, Name and Address of Curren  |  |  | 10. Name and Address of New Re   |  |
|  | IILTON, DONALD O   |  | 81 Name  |  |  |
|  | SILVERWOOD COURT   |  | 82 Street A                                      | Address (P.O. Box Number is Not Acceptab   | le)                                      |
| B00  | A RATON FL 33433   |  | OF COLUMN  | toures (F.O. Box Number is Not Acceptab  | <i>(G)</i>                               |
|  |  |  | 83   |  | ***                                      |
|  |  |  | 84 City  |  | FL 85 Zip Code                           |
| 11. Pursuani t                               | o the provisions of Sections 607 050.  | 2 and 607 1508. Florida Statute  | s the above-named of                             | cornoration submits this statement for the n   | LITTORE of changing its registered       |
| office or re<br>agent. I ar                  | egistered agent, or both, in the State in familiar with, and accept the obligations. | of Florida. Such change was a<br>tions of, Section 607.0505, Flo   | ulhorized by the corporate statutes.             | corporation submits this statement for the p<br>oration's board of directors. I hereby accep   | the appointment as registered            |
| SIGNATURE .                                  |  |  |  |  |  |
|  | Signature, typed or printed name of registered age<br>OFFICERS AND                   |  | Registered Agent signature (                     | <u> </u>   | DATE                                     |
| Z.   | PD OFFICERS AND  | DELETE   | 13.  | ADDITIONS/CHANGES TO OFFIC   | ERS AND DIRECTORS IN 12  Change Addition |
| NAME .                                       | HAMILTON, DONALD O   |  | 1.2 NAME   |  | Change CJ Addition                       |
| TREET ADDRESS                                | 7462 SILVERWOODS CT  |  | 1.3 STREET ADDRESS                               |  |  |
| CITY-ST-ZIP                                  | BOCA RATON FL  |  | 1.4 CITY-ST-ZIP                                  |  |  |
| TITLE  | STD  | DELETE   | 2.1 TITLE  |  | Change Addition                          |
| IAME   | HAMILTON, UNDA   | _  | 22 NAME  |  | ET SAMONO                                |
| STREET ADDRESS                               | 7462 SILVERWOODS CT  |  | 23 STREET ADDRESS                                | •  |  |
| CITY-ST-ZIP                                  | BOCA RATON FL  |  | 2 4 CITY-ST-ZIP                                  |  |  |
| TITLE  |  | ☐ DELETE   | 3 1 TITLE  |  | Change Addition                          |
| IAME   |  |  | 3.2 NAME   |  | <b>v</b>                                 |
| TREET ADDRESS                                |  |  | 3.3 STREET ADDRESS                               |  |  |
| XTY-ST-ZIP                                   |  |  | 3.4. CITY - ST - ZIP                             |  |  |
| ITLE   |  | ☐ DELETE   | 4.1 TITLE  |  | ☐ Change ☐ Addition                      |
| AME  |  |  | 4. 2 NAME  |  |  |
| TREET ADDRESS                                |  |  | 4.3 STREET ADDRESS                               |  |  |
| HTY-ST-ZIP                                   |  |  | 4.4 CITY - S1 - ZIP                              |  |  |
| ITLE   |  | ☐ DELETE   | 5.1 TITLE  |  | ☐ Change ☐ Addition                      |
| AME  |  |  | 5.2 NAME   |  |  |
| STREET ADDRESS                               |  |  | 5.3 STREET ADDRESS                               |  |  |
| ITY-ST-ZIP                                   |  |  | 5.4 CHY-S1-ZIP                                   |  |  |
| TLE  |  | ☐ DELETE   | 61 THLE  |  | Change Addition                          |
| IAME   |  |  | 62 NAME  |  |  |
| TREET ADDRESS                                |  |  | 6.3 STREET ADDRESS                               |  |  |
| OTY-ST-ZIP                                   |  |  | 6.4 CITY-ST-ZIP                                  |  |  |
| intormation                                  | ) indicated on this annual report or si  | applemental annual report is tru<br>The receiver or trustee empowe   | ue and accurate and t<br>ered to execute this re | ated in Section 119.07(3)(i), Florida Statutes<br>that my signature shalf have the same legal<br>port as required by Chapter 607, Florida St | affect as if made under eath, the        |

MA-UC-11