

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

FILED

Apr 15 1997 8:00am  
Secretary of State

|  |   |  |
|--|---|--|
| <b>PROFIT CORPORATION</b><br><b>ANNUAL REPORT</b><br><b>1997</b> |  | <b>FLORIDA DEPARTMENT OF STATE</b><br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|--|

**DOCUMENT # P95000097290 (7)**

1. Corporation Name

**HASSLER CONSORTIUM, INC.**



Principal Place of Business

**1500 SE 3RD COURT**  
**104**  
**DEERFIELD BEACH FL 33441**  
**US**

Mailing Address

**1500 SE 3RD COURT**  
**104**  
**DEERFIELD BEACH FL 33441-4463**  
**US**

3. Date Incorporated or Qualified  
**12/26/1995**

3a. Date of Last Report  
**06/28/1996**

2. Principal Place of Business  
**21 4500 OAK CIRCLE**

Suite, Apt. #, etc.

**22 B-9**

City & State

**23 BOCA RATON, FL**

Zip

**24 33431**

Country

**25 USA**

2a. Mailing Address

**26 4500 OAK CIRCLE**

Suite, Apt. #, etc.

**27 B-9**

City & State

**28 BOCA RATON, FL**

Zip

**29 33431**

Country

**30 USA**

4. FEI Number  
**65-0635255**

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

g. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE FL 32301-2525**

10. Name and Address of New Registered Agent

**81 Name**  
**RICHARD WERBER**  
**82 Street Address (P.O. Box Number is Not Acceptable)**  
**851 BROKEN SOUND PKWY NW**  
**83**  
**84 City**  
**BOCA RATON**  
**FL**  
**85 Zip Code**  
**33487**

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 607.051, Florida Statutes.

SIGNATURE **RICHARD WERBER**

Signature, typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when reissuing)

DATE

**4/10/97**

| 12. OFFICERS AND DIRECTORS |                                     |  |
|----------------------------|-------------------------------------|--|
| TITLE                      | <b>EVP</b>                          | <input checked="" type="checkbox"/> DELETE |
| NAME                       | <b>NESSEL, EDWARD</b>               |  |
| STREET ADDRESS             | <b>1500 SE 3RD COURT, SUITE 104</b> |  |
| CITY-ST-ZIP                | <b>DEERFIELD BEACH FL</b>           |  |
| TITLE                      |                                     | <input type="checkbox"/> DELETE            |
| NAME                       |                                     |  |
| STREET ADDRESS             |                                     |  |
| CITY-ST-ZIP                |                                     |  |
| TITLE                      |                                     | <input type="checkbox"/> DELETE            |
| NAME                       |                                     |  |
| STREET ADDRESS             |                                     |  |
| CITY-ST-ZIP                |                                     |  |
| TITLE                      |                                     | <input type="checkbox"/> DELETE            |
| NAME                       |                                     |  |
| STREET ADDRESS             |                                     |  |
| CITY-ST-ZIP                |                                     |  |
| TITLE                      |                                     | <input type="checkbox"/> DELETE            |
| NAME                       |                                     |  |
| STREET ADDRESS             |                                     |  |
| CITY-ST-ZIP                |                                     |  |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                 |  |
|---|---------------------------------|--|
| 1.1 TITLE   | <b>PRESIDENT/DIRECTOR</b>       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME  | <b>CARL DE SANTIS</b>           |  |
| 1.3 STREET ADDRESS                                    | <b>851 BROKEN SOUND PKWY NW</b> |  |
| 1.4 CITY-ST-ZIP                                       | <b>BOCA RATON FL 33487</b>      |  |
| 2.1 TITLE   |                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.2 NAME  |                                 |  |
| 2.3 STREET ADDRESS                                    |                                 |  |
| 2.4 CITY-ST-ZIP                                       |                                 |  |
| 3.1 TITLE   |                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME  |                                 |  |
| 3.3 STREET ADDRESS                                    |                                 |  |
| 3.4 CITY-ST-ZIP                                       |                                 |  |
| 4.1 TITLE   |                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME  |                                 |  |
| 4.3 STREET ADDRESS                                    |                                 |  |
| 4.4 CITY-ST-ZIP                                       |                                 |  |
| 5.1 TITLE   |                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME  |                                 |  |
| 5.3 STREET ADDRESS                                    |                                 |  |
| 5.4 CITY-ST-ZIP                                       |                                 |  |
| 6.1 TITLE   |                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME  |                                 |  |
| 6.3 STREET ADDRESS                                    |                                 |  |
| 6.4 CITY-ST-ZIP                                       |                                 |  |

14. I do 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:

**Carl De Santis, Pres.**

**4/10/97**

**561-391-9639**

CR2E034 (9/96)