

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 12, 1999 8:00 am
Secretary of State

07-12-1999 90021 020 ***550.00

DOCUMENT # **P95000097290**

Corporation Name

HASSLER CONSORTIUM, INC.



Principal Place of Business
**1500 OAK CIR.
#B-9
BOCA RATON FL 33431
JS**

Mailing Address
**4500 OAK CIR.
#B-9
BOCA RATON FL 33431
US**

DO NOT WRITE IN THIS SPACE

Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/26/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 65-0635255	
City & State		City & State		Applied For Not Applicable	
Zip		Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Country		Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		29		8. This corporation owes the current year Intangible Personal Property. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WERBER, RICHARD
851 BROKEN SOUND PKWY N.W.
BOCA RATON FL 33487**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

I, 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.

SIGNATURE		DATE	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
OFFICERS AND DIRECTORS			
1. NAME	2. ADDRESS	3. TITLE	4. DATE
5. DELETION	6. ADDRESS	7. TITLE	8. DATE
9. DELETION	10. ADDRESS	11. TITLE	12. DATE
13. DELETION	14. ADDRESS	15. TITLE	16. DATE
17. DELETION	18. ADDRESS	19. TITLE	20. DATE
21. DELETION	22. ADDRESS	23. TITLE	24. DATE
25. DELETION	26. ADDRESS	27. TITLE	28. DATE
29. DELETION	30. ADDRESS	31. TITLE	32. DATE
33. DELETION	34. ADDRESS	35. TITLE	36. DATE
37. DELETION	38. ADDRESS	39. TITLE	40. DATE
41. DELETION	42. ADDRESS	43. TITLE	44. DATE
45. DELETION	46. ADDRESS	47. TITLE	48. DATE
49. DELETION	50. ADDRESS	51. TITLE	52. DATE
53. DELETION	54. ADDRESS	55. TITLE	56. DATE
57. DELETION	58. ADDRESS	59. TITLE	60. DATE
61. DELETION	62. ADDRESS	63. TITLE	64. DATE
65. DELETION	66. ADDRESS	67. TITLE	68. DATE
69. DELETION	70. ADDRESS	71. TITLE	72. DATE
73. DELETION	74. ADDRESS	75. TITLE	76. DATE
77. DELETION	78. ADDRESS	79. TITLE	80. DATE
81. DELETION	82. ADDRESS	83. TITLE	84. DATE
85. DELETION	86. ADDRESS	87. TITLE	88. DATE
89. DELETION	90. ADDRESS	91. TITLE	92. DATE
93. DELETION	94. ADDRESS	95. TITLE	96. DATE
97. DELETION	98. ADDRESS	99. TITLE	100. DATE

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:

CARL DESANTIS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CARL DESANTIS 7/2/99

561-391-9939
Daytime Phone #

CR2E034 (5/99)

0073772