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May 12 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000009486 (7)

1. Corporation Name

HAMMERHEAD RESOURCE GROUP, INC.



Principal Place of Business  
9119 LIME TREE LANE  
PEMBROKE PINES FL 33024

Mailing Address  
9119 LIME TREE LANE  
PEMBROKE PINES FL 33024-4627

3. Date Incorporated or Qualified 01/29/1996 3a. Date of Last Report

2. Principal Place of Business  
21 5091 SW 149th AVE.  
Suite, Apt. #, etc.

2a. Mailing Address  
26 5091 SW 149th AVE  
Suite, Apt. #, etc.

4. FEI Number 65-0636826 Applied For Not Applicable

22 City & State DAVIE, FL

27 City & State DAVIE, FL

5. Certificate of Status Desired \$8.75 Additional Fee Required

23 Zip 33331 Country USA

28 Zip 33331 Country USA

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CESARANO, FRANK S  
9119 LIME TREE LANE  
PEMBROKE PINES FL 33024

81 Name FRANK S. CESARANO  
82 Street Address (P.O. Box Number is Not Acceptable) 5091 SW 149th AVE  
83  
84 City DAVIE FL 85 Zip Code 33331

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.

SIGNATURE [Signature] DATE 4/28/97

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PSTD	NAME	CESARANO, FRANK	1.1 TITLE	D	1.2 NAME	CESARANO, FRANK
STREET ADDRESS	9119 LIME TREE LANE	CITY-ST-ZIP	PEMBROKE PINES FL 33024	1.3 STREET ADDRESS	5091 SW 149th AVE.	1.4 CITY-ST-ZIP	DAVIE, FL 33331
TITLE	D	NAME	PARKER, NORM	2.1 TITLE	PT	2.2 NAME	HAARSMIA, RONALD
STREET ADDRESS	9119 LIME TREE LANE	CITY-ST-ZIP	PEMBROKE PINES FL 33024	2.3 STREET ADDRESS	3306 17th STREET	2.4 CITY-ST-ZIP	KENOSHA, WI 53144
TITLE		NAME		3.1 TITLE	VS	3.2 NAME	NOVAK, VINCENT
STREET ADDRESS		CITY-ST-ZIP		3.3 STREET ADDRESS	5306 PIAER LANE	3.4 CITY-ST-ZIP	RACINE, WI 53403
TITLE		NAME		4.1 TITLE		4.2 NAME	
STREET ADDRESS		CITY-ST-ZIP		4.3 STREET ADDRESS		4.4 CITY-ST-ZIP	
TITLE		NAME		5.1 TITLE		5.2 NAME	
STREET ADDRESS		CITY-ST-ZIP		5.3 STREET ADDRESS		5.4 CITY-ST-ZIP	
TITLE		NAME		6.1 TITLE		6.2 NAME	
STREET ADDRESS		CITY-ST-ZIP		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, changed, or on an attachment with an address.

SIGNATURE: [Signature] FRANK S. CESARANO 4/28/97 305 892-8044

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)