

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # P96000027882

1. Corporation Name

HASSELL & REDA, INC.

Principal Place of Business

660 CARTER AVE  
PORT ST. LUCIE FL 34983  
US

Mailing Address

660 CARTER AVE  
PORT ST. LUCIE FL 34983  
US

FILED  
Mar 24, 1999 8:00 am  
Secretary of State

03-24-1999 90011 038 \*\*\*158.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/25/1996

4. FEI Number

65-0658012

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Election Campaign Financing



\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.



Yes

No

10. Name and Address of New Registered Agent

81 Name

STEVEN L. PERRY

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

2081 E. Ocean Blvd 2d Floor

83

84 City

STUART

FL

85 Zip Code

34996

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE PD  
NAME HASSELL, VERNON R  
STREET ADDRESS 660 CARTER AVE  
CITY-ST-ZIP PRT ST LUCIE FL

DELETE

TITLE VPD  
NAME REDA, ROSELIN E  
STREET ADDRESS 660 CARTER AVE  
CITY-ST-ZIP PT ST LUCIE FL 34983

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME PD  
1.3 STREET ADDRESS HASSELL VERNON R  
1.4 CITY-ST-ZIP 4497 SW PORT WAY  
Palm City FL 34990

Change

Addition

2.1 TITLE VPD  
2.2 NAME REDA ROSELIN E  
2.3 STREET ADDRESS 4497 SW PORT WAY  
2.4 CITY-ST-ZIP Palm City FL 34990.

Change

Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

Change

Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

Change

Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

Change

Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

Change

Addition

14. 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/99

561-219-4521

Daytime Phone #

CR2E034 (1/98)

0513495