

5-15-97 B-7349 C
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morthaupt Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000074794 (4)**

1. Corporation Name

HAMMERSTEIN & SWARTZ INVESTMENT, INC.

Principal Place of Business

**103 SOUTHWEST 10TH STREET
HALLANDALE FL 33009**

Mailing Address

**103 SOUTHWEST 10TH STREET
HALLANDALE FL 33009-7035**

3. Date Incorporated or Qualified
09/10/1986

3a. Date of Last Report

2. Principal Place of Business

21 **Same**

2a. Mailing Address

26 **P.O. BOX 4581**

4. FEI Number

65-0694853

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Hallandale FL.,

Zip

Country

Zip

Country

24 **33008** 25 **Broward** 29 **33008** 30 **Broward**

9. Name and Address of Current Registered Agent

**HIGHTOWER, PAULINE
103 SOUTHWEST 10TH STREET
HALLANDALE FL 33009**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 ☐ DELETE
NAME **D HIGHTOWER, PAULINE**
STREET ADDRESS **103 SOUTHWEST 10TH STREET**
CITY-ST-ZIP **HALLANDALE FL 33009**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D/P/T** ☐ Change ☒ Addition
1.2 NAME **Pauline Hightower**
1.3 STREET ADDRESS **103 S.W. 10 street**
1.4 CITY-ST-ZIP **Hallandale FL, 33009**

2.1 TITLE **D/V/ S** ☐ Change ☒ Addition
2.2 NAME **Hensly Hewan**
2.3 STREET ADDRESS **113 S.W. 10 street**
2.4 CITY-ST-ZIP **Hallandale Fl 33009**

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

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

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

6.1 TITLE ☐ Change ☐ 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:

HENSLY HEWAN SECRETARY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-08-97 305-620-6902
Date Daytime Phone #

CR2E034 (9/96)