


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

**FILED**  
**May 06, 1999 8:00 am**  
**Secretary of State**

05-06-1999 90040 019 \*\*\*150.00

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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                   |                                                                      |                                                                                                          |  |
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| <b>PROFIT CORPORATION ANNUAL REPORT 1999</b>                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |                                                                      | FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |  |
| <b>DOCUMENT # P96000074794</b>                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                   |                                                                      |                                                                                                          |  |
| 1. Corporation Name<br><b>HAMMERSTEIN &amp; SWARTZ INVESTMENT, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                   |                                                                      |                                                                                                          |  |
| Principal Place of Business<br><b>103 SOUTHWEST 10TH STREET<br/>HALLANDALE FL 33009</b>                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                   | Mailing Address<br><b>PO BOX 4581<br/>HALLANDALE FL 33008<br/>US</b> |                                                                                                          |  |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | 2a. Mailing Address                                                               |                                                                      | 3. Date Incorporated or Qualified                                                                        |  |
| 21                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | 26 <b>13720 Spanish Wells</b>                                                     |                                                                      | <b>09/10/1996</b>                                                                                        |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | Suite, Apt. #, etc.                                                               |                                                                      | 4. FEI Number                                                                                            |  |
| 22                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | 27                                                                                |                                                                      | <b>65-0694853</b>                                                                                        |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | City & State                                                                      |                                                                      | Applied For                                                                                              |  |
| 23                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | 28 <b>Tampa FL</b>                                                                |                                                                      | <input type="checkbox"/> Not Applicable                                                                  |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | Zip                                                                               |                                                                      | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required          |  |
| 24                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | 29 <b>33613 Hillsborough</b>                                                      |                                                                      | 30                                                                                                       |  |
| 9. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                   | 10. Name and Address of New Registered Agent                         |                                                                                                          |  |
| <b>HEWAN, HENLY<br/>6420 S.W 19 STREET<br/>MIRAMAR FL 33023</b>                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                   | 81 Name <b>SAME</b>                                                  |                                                                                                          |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                   | 82 Street Address (P.O. Box Number is Not Acceptable)                |                                                                                                          |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                   | 83                                                                   |                                                                                                          |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                   | 84 City <b>FL</b>                                                    |                                                                                                          |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                   | 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, of 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                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                   |                                                                      |                                                                                                          |  |
| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                   |                                                                      |                                                                                                          |  |
| 1.1 TITLE <input type="checkbox"/> DELETE                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                   |                                                                      |                                                                                                          |  |
| 1.2 NAME <b>SAME</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                   |                                                                      |                                                                                                          |  |
| 1.3 STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                   |                                                                      |                                                                                                          |  |
| 1.4 CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                   |                                                                      |                                                                                                          |  |
| 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                   |                                                                      |                                                                                                          |  |
| 2.2 NAME <b>SAME</b>                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                   |                                                                      |                                                                                                          |  |
| 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Henly Hewan*  
4/10/99 800-482-0896  
Date Daytime Phone #

CR2E034 (11/98)