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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

May 06, 1999 8:00 am Secretary of State

05-06-1999 90040 019 ***150.00

DOCUMENT # P9600074794

HAMMERSTEIN & SWARTZ INVESTMENT, INC.

Principal Plac	e of Business	Mailing Address				(iin Amite matei	FREIT GERM IN	eta tésti etat laát
	ST 10TH STREET	PO BOX 4581			i				
HALLANDALE F	FL 33009	HALLANDALE FL 33008			}	DO NOT WRI	*= 141 TUIG	COACE	
ļ		US			ļ	3. Date Incorporated or Qualifed	IE IN THE	SPACE	
ĺ)	09/10/1996			
2. Principal P	Place of Business	2a. Mailing Address				4, FEI Number			Applied For
21		26 13720 Spanish Wells		11s	——————————————————————————————————————		Not Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.							5 Additional
22		27		5. Certificate of Status Desired			Required		
City & State		City & State Tampa FL,			6. Election Campaign Financing \$5.00 May Be				
23				<u>. </u>		Trust Fund Contribution			d to Fees
Zip	Country	^{Zip} 33613	_#CºΨ¹	sbo	orough	8. This corporation owes the curr	ent year In		
24	25	29 3	10			Personal Property Tax.	: anna al	∐ Yes	□No
<u></u>	9. Name and Address of Current	Registered Agent	- 8	81 N		10. Name and Address of New F SAME	Registerea	Agent	
HEW	/AN, HENLY		L	_ _					
	S.W 19 STREET		8	82 5	Street Addres	is (P.O. Box Number is Not Accepta	ble)		
1	AMAR FL 33023		8	83					
				_					
			8	84 0	City		FL	85 Zi	p Code
11. Pursuant	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	and 607.1508, Florida Statutes	, the abo	ove-na	amed corpora	ation submits this statement for the			its registered
office or re	egistered agent, or both, in the State of	f Florida. Such change was auti	horized t	by the	corporation	s board of directors. I hereby accep	ot the appo	intment as	registered
ayent. Fai	m familiar with, and accept the obligation	ons or, Section 607.0505, Floric	ia Statute	es.	,				
SIGNATURE				es.		. <u> </u>			
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Ri	egistered Aç	es.	nature required w		DATE		
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable. (NOTE: R	tegistered Ac	gent sig		tion reinstating) ADDITIONS/CHANGES TO OF			
SIGNATURE 12. TITLE	Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable. (NOTE: Ri	13.	es. gent sig		ADDITIONS/CHANGES TO OF		ND DIREC	
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SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS AND PMS HEWAN, HENLY 6420 S.W. 19 STREET MIRAMAR FL 33023	and title if applicable. (NOTE: R. D DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STRE	gent sig	nature required w	ADDITIONS/CHANGES TO OF		☐ Chang	e
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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: _

AND TYPED OR PRINTED NAME OF SIGNING OFFICER