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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Morthay 🖟 🕴

Secretary of State
DIVISION OF CORPORATIONS

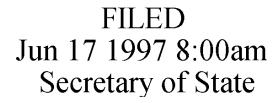
1997

DOCUMENT # P96000101796 (6)

HAMMER HEADS INC.

Principal Place of Business

Mailing Address





4322 NW 78TH AVE. DRIVE CORAL SPRINGS FL 33065			4322 NW 76TH AVE. DRIVE CORAL SPRINGS FL 33065						
						3. Date Incorporated or Qualified 12/17/1996	3a. Date o	f Last Re	3porl
2. Principal Place of	 	2a. Mailing Address			4. FEI Number 65-0725	108		plied For	
Sulte, Apt. #, etc.			Suite, Apt. #, etc.			05-0123	- \$R 75 Additional		
22	27	 			5. Certificate of Status Desired Fee Required				
City & State		City & Sta	ate			6. Election Campaign Financing		\$5.00	May Be
23	Count	28		T 05		Trust Fund Contribution	<u> </u>	Added to	
Zip 24	Country 25	hn '	Zip Country			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes			
24 25 29 29 29 29 29 29 29				30	Storida Statutes Yes No				
PENSYL, G		<u>-</u>		В	Name		<u> </u>		
	6TH AVE. DRIVE			В	Street Adv	iress (P.O. Box Number is Not Acceptat	lo)		
	RINGS FL 33065			[8	Sireer Aut	oress (F.O. box Number is Not Acceptab	·····		
				8	3				
				8	City		. 8	5 Zip C	Code
*					'	poration submits this statement for the p	-L		
agent. I am fami SIGNATURE	liar with, and accept the ol	bligations of, Section 6	307.0505, Fi	lorida Statul	es.	ation's board of directors. I hereby accep		non ca	
Signaluri 12.	e, typed or printed name of registere	d agent and title if applicable AND DIRECTORS	(NO		gent signature requ	uired when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE CDC AND DU	DECTOR	C IN 12
TITLE D	OFFICENS		DELETE	13.	T	ADDITIONS/CHANGES TO OFFIC		Change	Addition
1 20	SYL, GEORGE			1.2 NAM8			_	ogo	
	NW 76TH AVE. DRIVE			1.3 STRE	1 ADDRESS				
CITY-ST-ZIP COR	AL SPRINGS FL 33065			14 CITY-	ST-ZIP				
TITLE			DELETE	21 TH LE				Change	Addition
NAME				2 2 NAMI		i sati	10.7		
STREET ADDRESS				2.3 STREI	T ADDRESS				
CITY-ST-ZIP TITLE		———	DELETE	2. 4 CITY	-S1-ZIP			Change	Addition
NAME		L	J OLLE IL	3.1 TITLE 3.2 NAME				Charge	LI MODILIOI
STREET ADDRESS					T ADDRESS				
CITY-ST-ZIP				3.4. CITY	1				
TITLE			DELETE	4.1 TITLE				Change	☐ Addition
NAME				4. 2 NAM	1				
STREET ADDRESS				4.3 STRF	T ADDRESS				
CITY-ST-ZIP			05:575	4.4 CITY	ST-ZIP			0.	T 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
TITLE		L.) DELETE	5.1 TITLE				Change	☐ Addition
NAME STREET ADDRESS				5.2 NAME					
CITY-ST-ZIP				5.4 City	T ADDRESS				
TITLE			DELETE	5.4 CITY	31-21			Change	Addition
NAME		L		6.2 NAME					
STREET ADDRESS					1 ADDRESS				
1				1					
CITY-ST-ZIP				6.4 CITY		d in Section 119.07(3)(i), Florida Statute at my signature shall have the same lega ort as required by Chapter 607, Florida S			