## 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 # P97000001534

LIARGI TOM INTERMATIONAL

## FILED Apr 09, 1999 8:00 am Secretary of State

04-09-1999 90015 038 \*\*\*158.75

HAMILTO	DN INTERNATIONAL, INC.									
Principal Place	of Business	Mailing Address					)	18111861	#1188 IF	III <b>BIB</b> I 1881
11202 CRESCENT BAY BLVD. 11202 CRESCENT BAY BLVD. CLERMONT FL 34711 CLERMONT FL 34711			١.			·				
OLERMONT 1 L 34717						DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualifed				
						01/07/1997			<b></b>	
2. Principal Place of Business 2a. Mailing Address						4. FEI Number		$\vdash$	_	ed For
21   26   Suite Apt. #-etc. Suite, Apt. #-etc.			-			59-3431285	Not Applicable \$8.75 Additional			
<del></del>						5. Certifcate of Status Desired		•	e Requ	
City & State		City & State			6. Election Campaign Financing \$5.00 May Be					
23		28			Trust Fund Contribution Added to Fees					
Zip	Country	Zip	Cour	ntry		8. This corporation owes the current y	ear Inta	ngible		
24	25	29 3	0			Personal Property Tax.		☐ Yes		<b>₫</b> No
	9. Name and Address of Current	Registered Agent		T		10. Name and Address of New Regis	stered A	gent		
				81	Name					
HAMILTON, DANNY W				82	Street Ad	dress (P.O. Box Number is Not Acceptable)				
11202 CRESCENT BAY BLVD. CLERMONT FL 34711			ĺ	_						
CLE	AMONT FE 34711		l	83						
			Ì	84	City		FL	85	Zip Co	de
44 5	4. the annuicion of Continue 607 0503	and 607 1509. Elocida Statutes	theat		-named co	rporation submits this statement for the purp	oce of c	hangin	a its re	aistered
office or re	agistared agent of both in the State o	t Florida. Such change was auf	porizea.	nv i	he corpora	tion's board of directors. I hereby accept the	appoin	ment a	s regis	stered
agent. I ar	m familiar with, and accept the obligati	ons of, Section 607.0505, Florid	ia Statu	ites.						
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: F	leaistered .	Agent	signature requ	ired when reinstating)	ATE			<del></del>
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICE	RS AND	DIRE	CTOR	S IN 12
TITLE	PCEO	EO □ DELETE 1.1 T		1.1 TITLE				Char	nge	☐ Addition
NAME	HAMILTON, DANNY W		1.2 NA	ME						
STREET ADDRESS	11202 CRESCENT BAY BLVD.		1.3 ST	REET	ADDRESS					}
CITY+\$T-ZIP	CLERMONT FL 34711	LERMONT FL 34711			-ZIP					
TITLE	VPST	☐ DELETE 2.11		1 TITLE				Char	nge	Addition
NAME	HAMILTON, ANNE T		2.2 NA		-					
STREET ADDRESS	THE OF EGOLIA DE SE			REET	ADDRESS	- · · ·			~. <u>.</u>	ļ
CITY-ST-ZIP				TY-\$1	r-ztp			TI Cha	200	Addition
TITLE		☐ DELETE	3.1 TIT					Cha	nge	☐ ₩
NAME			3.2 NA							
STREET ADDRESS			1		ADDRESS					
CITY-ST-ZIP		☐ DELETE	3.4. CF		r-ZiP			Cha	nae	Addition
TITLE:		Clastrate								
NAME			4. 2 NA		ADODECC					
STREET ADDRESS					ADDRESS					
CITY-\$T-ZIP TITLE		☐ DELETE	4.4 CFT 5.1 TIT		- 4117			Cha	nge	Addition
NAME		<u> </u>	5.2 NA							
STREET ADDRESS			1		ADDRESS					
CITY-ST-ZIP			5.4 CIT							
TITLE		☐ DELETE	6.1 TIT	LE		· · · · · · · · · · · · · · · · · · ·		Cha	nge	Addition
	Company of the State of the Sta		6.2 NA	ME						
56 9 6 6 6 9 9 9 9 9 9			6.3 ST	REET	ADDRESS					}
1 377	provided the factor of the first		640		- 750					1

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 off an attachment with an address, with all other like empowered.

**SIGNATURE:** 

NATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

24 Mar 9 Date (352)241 0470 Daytime Phone #