SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000056598 (0)

DJ'S-HAM, INC.

Principal Place of Business	Mailing Address				
8525 GULF BLVD. APT. 406	8525 GULF BLVD. APT. 406				
Navarre Beach Fl. 82 566	NAVARRE BEACH FL 32566				

FILED Jul 22 1998 8:00am Secretary of State



Principal Place of Business Mailing Address								-{	7(1)	
8525 GULF BLVD. APT. 406 8525 GULF BLVD. APT. 406 NAVARRE BEACH FL 32566 NAVARRE BEACH FL 32566										
								DO NOT WRITE IN THIS	SPACE	
	_							3. Date Incorporated or Qualified 06/30/1997		
2. Principal Place of Business 2a. Mailing Address				Address				4. FEI Number	Applied For	
21			26					59-3468636	Not Applicable	
Suite, Apt. #, etc. 22 27)	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State			P/ 1	City & State				6. Election Campaign Financing	\$5.00 May Be	
			28					Trust Fund Contribution Added to Fees		
Zip 24		Country	Zip	-		ntry		8. This corporation owes or has paid the current year Intangible		
25 29 30						Personal Property Tex due June 30. X Yes No				
GERLITS, LAWRENCE E JR.						10. Name and Address of New Registered Agent				
8525 GULF BLVD. APT. 406										
NAVARRE BEACH FL 32566					1	82 Street Address (P.O. Box Number is Not Acceptable)				
'-''	,					83				
					-					
					·	64	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		non, and booopt the t	oongations on section	001.0303, 1 (0)	ilua Statu	1100.	•			
BIGHATORE		or printed name of registers	ed agent and title if applicable	(NOT	E: Registere	ed Ag	eni signature requir	red when reinstating) DATE		
12.		OFFICER	S AND DIRECTORS		13.			ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12	
TITLE	P/D			DELETE	1.1 TITL	E		[Change Addition	
NAME	ME Lawrence E Carlite Ir			1.2 NAM	1.2 NAME					
STREET ADDRESS	525 Gi	ilf Blvd.	, Apt. 406	· ·	1.3 STR	EETA	ADDRESS			
	Navai	re-Beach	, FL 32566	<u> </u>	1.4 CITY		ZIP			
TITLE	E_] DELETE		2.1 TITLE				Change Addition			
NAME				2.2 NAME		ΙE	ĺ			
STREET ADDRESS					2.3 STR	EET A	ADDRESS			
CITY-ST-ZIP	ļ <u></u>				2.4 CITY		ŽIP			
TITLE	[L	DELETE	3.1 TITL			Ł	Change Addition	
NAME					3.2 NAM	_				
STREET ADDRESS							ADDRESS			
CITY-ST-ZIP TITLE					3.4 CITY		ZiP			
NAME			L.] DELETE	4.1 TITL			Ĺ	Change Addition	
					4.2 NAM					
STREET ADDRESS							ADDRESS			
CITY-ST-ZIP TITLE			····	7.00.000	4.4 CITY 5.1 TITL		ZIP.		<u> </u>	
NAME			L	DELETE				L	Change	
STREET ADDRESS					5.2 NAM		DDDECC			
CITY-ST-ZIP							DDRESS			
TITLE				Toriere	5.4 CITY 6.1 TITLE			- Γ	1	
NAME			L	DELETE	6.2 NAM			L	Change Addition	
STREET ADDRESS							DDRESS			
CITY-ST-ZIP					6.4 CITY			-	•	
	L				E 0.1 OIL I	+ 1 -			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 on an attachment with an address.