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_PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9800000913 1. Corporation Name

Feb 26, 1999 8:00 am Secretary of State

02-26-1999 90037 035 ***150.00

HAM	MILTON SALES & MARKETING	ENTERPRISES, INC.					
Principal	Place of Business	Mailing Address	_	1 (4 110)	11 M 10 1 M 1 1 M 11 M 1		11000 ((((100)
4614 RID	GECLIFF DRIVE	4614 RIDGECLIFF DRIVE					
BRANDON FL 33511 BRANDON FL 33511			DO NOT WRITE IN THIS SP		HIS SPACE		
				3. Date Incorpo	rated or Qualifed		
	1			01/02/199			
2. Princi	ipal Place of Business	2a. Mailing Address		▲ FEI Number		Ap	plied For
21		26	· · ·	59-3	485053		t Applicable
Suite,	Apt. #, etc.	Suite, Apt. #, etc.		5. Certifcate of	Status Desired	\$8.75 / Fee Re	
22	i	City 9 State			i Fire-raine		<u> </u>
	& State	- City & State		6. Election Carr Trust Fund C		ِــ عِ ئن Added ا	May Be . to Fees
23 Zip	Country	28	Country		ion owes the current year		
24	25		30	Personal Pro		ĕYes	□No
	9. Name and Address of Curro	ent Registered Agent		10. Name and A	ddress of New Register	ed Agent	
	A CORPORATE ANGULARY		81 Narr	e			
	MCDERMOTT, MICHAEL J 791 WEST LUMSDEN ROAD		B2 Stre	et Address (P.O. Box Num)	per is Not Acceptable)		
ì	BRANDON FL 33511						
			83		•		
}			84 City	· · · · · ·		EL 85 Zip	Code
dd Door	suant to the provisions of Sections 607.05	602 and 607 1509 Florida Statute	e the shove name	ed cornoration submits this	statement for the numoes	of changing its	registered ÷
l offic	e or registered agent or both in the Stat	te of Florida. Such change was au	itnorized by the co	rporation's board of directo	rs. I hereby accept the ap	pointment as re	gistered
l offic	ce or registered agent, or both, in the Stat int. I am familiar with, and accept the oblic FURE	te of Florida. Such change was au gations of, Section 607.0505, Flori	ithorized by the co ida Statutes.	rporation's board or directo	та. т негеру ассерт те ар	pomment as re	gistered
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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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP