Applied For Not Applicable

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

□No

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

**PROFIT** CORPORATION ANNUAL REPORT

1999

CHAPNICK, DAVID

2030 NW BOCA RATON BLVD. **BOCA RATON FL 33431** 



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000035477

1. Corporation Name

24

HAMMERHEAD DESIGN GROUP, INC.

Mailing Address
2030 NW BOCA RATON BLVD. BOCA RATON FL 33431
2a. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certifcate of Status Desired 22 27 City & State City & State 6. Election Campaign Financing 28 23

Country Zip Zip Country 29 30 25 9. Name and Address of Current Registered Agent

## Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90086 010 \*\*\*158.75



DO NOT	WRITE IN	THIS SPAC
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3. Date Incorporated or Qualifed

Trust Fund Contribution

Personal Property Tax.

Street Address (P.O. Box Number is Not Acceptable)

This corporation owes the current year Intaggible

10. Name and Address of New Registered Agent

04/20/1998 4. FEI Number

Signature - typed or printed name of registanced agenet approximated Agenet a					<u>:</u>		
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the application and accept the obligations of, section 607/05/05, ilorida Statutes.    Signature typed or protect name or registered agent and title if applicable.   NOTE: Registered Agent signature required when reinstating)   DATE			84	City	FL 85 Zip Code		
Signature - typed or printed name of registanced agenet approximated Agenet a	office or re	egistered agent, or both, in the State of Florida. Such change was a	uthorized by	the corpo	d corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered	₫	
12.	SIGNATURE	<u></u>				1	
Time	Signature, typed or printed name or registered agent and title in approxime. (NOTE: Registered Agent signature required with instruction)						
NAME SKOLNIK, RANDALL K STREET ADDRESS 20937 SAINT ANDREWS BLVD. #21 13 STREET ADDRESS CITY-ST-ZIP BOCA RATON FL 33433 14.CITY-ST-ZIP TITLE D Change   Addition SKOLNIK, DAVID 22 NAME SKOLNIK, DAVID 23 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 31 TITLE 31 TITLE 32 NAME 33 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 41 TITLE AL CITY-ST-ZIP A	12.						
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GITY-ST-ZIP	STREET ADDRESS				s		
14. Legsby 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	CITY-ST-ZIP				1 2 440 07/0/2) Flind Charles I feetbar and feet the information		

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increby 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 informati 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: