04291999-90207-020-$158.75-$158.75

FILED
Apr 29, 1999 8:00 am
Secretary of State
04-29-1999 90207 020 ***158.75

PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000050756

1. Corporation Name
H.A.M.A. INC.

Principal Place of Business	Mailing Address
5220 SOUTH RUSSELL STREET UNIT 31 TAMPA FL 33611-4055	5220 SOUTH RUSSELL STREET UNIT 31 TAMPA FL 33611-4055

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/05/1998

2. Principal Place of Business	2a. Mailing Address
21 101 East Kennedy Blvd.	26 101 East Kennedy Blvd.
Suite, Apt. #, etc. 22 Suite 2000	Suite, Apt. #, etc. 27 Suite 2000
City & State 23 Tampa, FL	City & State 28 Tampa, FL
Zip / Country 24 33602-5133 25 USA	Zip / Country 29 33602-5133 30 USA

4. FEI Number: 59-3578285 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation owes the current year intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ROBERTS, CARMILLE LAMAR (Camille)
5220 SOUTH RUSSELL STREET
UNIT 31
TAMPA FL 33611-4055

10. Name and Address of New Registered Agent

81 Name: Elise Lynn
82 Street Address (P.O. Box Number is Not Acceptable): 101 East Kennedy Blvd
83 Suite 2000
84 City: Tampa FL 85 Zip Code: 33602

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: Elise B. Lynn — ELISE BATSEL LYNN — 4/12/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[illegible]	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☒ Addition P D ROBERT T. ROSEN 390 N. ORANGEAU, SUITE 1100 ORLANDO FL 32801
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (11/98)

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.

SIGNATURE: Robert T. Rosen REQUIRED — 4/9/99 — (407) 839-4200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
ROBERT T. ROSEN, PRESIDENT