

FILED
Mar 18 1997 8:00am
FILE NOW: FILING FEE AFTER MAY 1 Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA
Sandra W. Morton
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S45721 (5)
1. Corporation Name
JOEL P. HAMILTON, INC.



Principal Place of Business: 3389 SHERIDAN ST.
SUITE 128
HOLLYWOOD FL 33021
Mailing Address: 3389 SHERIDAN ST.
SUITE 128
HOLLYWOOD FL 33021-3806

3. Date Incorporated or Qualified: 04/12/1991
3a. Date of Last Report: 03/26/1996
4. FEI Number: 65-0258703
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 has liability for intangible tax under s. 199.032, Florida Statutes: ☐ Yes ☒ No

2. Principal Place of Business: 21 Suite, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25
2a. Mailing Address: 26 Suite, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent
HAMILTON, JOEL P.
3389 SHERIDAN ST.
SUITE 128
HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent
81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 83 City: 84 Zip Code: FL 85

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

Signature type of principal officer or registered agent and may, if applicable, (NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS
1. TITLE: D
2. NAME: HAMILTON, JOEL P.
3. STREET ADDRESS: 3389 SHERIDAN ST.
4. CITY-ST-ZIP: HOLLYWOOD FL
5. TITLE: ☐ DELETE
6. NAME: ☐ DELETE
7. STREET ADDRESS: ☐ DELETE
8. CITY-ST-ZIP: ☐ DELETE
9. TITLE: ☐ DELETE
10. NAME: ☐ DELETE
11. STREET ADDRESS: ☐ DELETE
12. CITY-ST-ZIP: ☐ DELETE
13. TITLE: ☐ DELETE
14. NAME: ☐ DELETE
15. STREET ADDRESS: ☐ DELETE
16. CITY-ST-ZIP: ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE: ☐ Change ☐ Addition
1.2 NAME: ☐ Change ☐ Addition
1.3 STREET ADDRESS: ☐ Change ☐ Addition
1.4 CITY-ST-ZIP: ☐ Change ☐ Addition
2.1 TITLE: ☐ Change ☐ Addition
2.2 NAME: ☐ Change ☐ Addition
2.3 STREET ADDRESS: ☐ Change ☐ Addition
2.4 CITY-ST-ZIP: ☐ Change ☐ Addition
3.1 TITLE: ☐ Change ☐ Addition
3.2 NAME: ☐ Change ☐ Addition
3.3 STREET ADDRESS: ☐ Change ☐ Addition
3.4 CITY-ST-ZIP: ☐ Change ☐ Addition
4.1 TITLE: ☐ Change ☐ Addition
4.2 NAME: ☐ Change ☐ Addition
4.3 STREET ADDRESS: ☐ Change ☐ Addition
4.4 CITY-ST-ZIP: ☐ Change ☐ Addition
5.1 TITLE: ☐ Change ☐ Addition
5.2 NAME: ☐ Change ☐ Addition
5.3 STREET ADDRESS: ☐ Change ☐ Addition
5.4 CITY-ST-ZIP: ☐ Change ☐ Addition
6.1 TITLE: ☐ Change ☐ Addition
6.2 NAME: ☐ Change ☐ Addition
6.3 STREET ADDRESS: ☐ Change ☐ Addition
6.4 CITY-ST-ZIP: ☐ Change ☐ Addition

14. I do 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.

SIGNATURE: *Joel P. Hamilton*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: JOEL P. HAMILTON, D/P

3/14/97 944-985-9906
Date Daytime Phone #

CR2E034 (9/96)