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**Mar 05 1997 8:00am
Secretary of State**

PROFIT CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000076227 (5)

1. Corporation Name
HADASEDA, INC.



Principal Place of Business
**203 N. COLLIER AVENUE
EVERGLADES FL 34139
US**

Mailing Address
**P. O. BOX 128 N/A
EVERGLADES FL 34139-0128
US**

3. Date Incorporated or Qualified 10/17/1994	3a. Date of Last Report 08/08/1996
4. FEI Number 25-0530447	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**MITCHELL, DANNY
706 SMALLWOOD DRIVE
CHOKOLOSKEE FL 34139**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P <input type="checkbox"/> DELETE
NAME	MITCHELL, DANNY
STREET ADDRESS	706 SMALLWOOD DRIVE
CITY - ST - ZIP	CHOKOLOSKEE FL
TITLE	VP <input type="checkbox"/> DELETE
NAME	SANDERS, LINDA
STREET ADDRESS	SR BOX 124, HWY 29
CITY - ST - ZIP	COPELAND FL
TITLE	S <input type="checkbox"/> DELETE
NAME	TORRE, DANA
STREET ADDRESS	410 BUCKNER AVENUE
CITY - ST - ZIP	EVERGLADES FL
TITLE	T <input type="checkbox"/> DELETE
NAME	MITCHELL, HAZEL
STREET ADDRESS	706 SMALLWOOD DRIVE
CITY - ST - ZIP	CHOKOLOSKEE FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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: *Dana Torre* **Dana Torre** 2/20/97 (941)695-4210
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)