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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J11771

(9)

HANEL MFG. & PRODUCTS CO., INC.

FILED
May 07 1997 8:00am
Secretary of State



Principal Place of Business C/O CHARLES J. PISIECZKO ESO. 3401 49TH ST. N. ST. PETERSBURG FL 33710		C/O CHARLES J. PISIECZK 3401 49TH ST. N.	Mailing Address C/O CHARLES J. PISIECZKO ESO. 3401 49TH ST. N. ST. PETERSBURG FL 33710-2147		3. Date incorporated or Qualified 04/24/1986 3a. Date of Last Report 03/26/1996		
	Place of Business	2a. Mailing Address			4. FEI Number		plied For
21		26	4,		59-2668141		t Applicable
Suite Apt #, etc.			Suite, Apt. #, etc.		5. Certificate of Status Desired	5. Certificate of Status Desired See Required	
City & Sta	do	City & State			6. Election Campaign Financing		May Be
23	···	28			Trust Fund Contribution	\$5,00	MAY 156
Ζ ιρ	Country	Zip	Country		8. This corporation has liability for in	ntangible tay undar s	199 (132
24	25	29	30			Yes No	. 100.002
<u></u>	9. Name and Address of C		1221		10. Name and Address of New Reg	gistered Agent	
PISI	ECZKO, CHARLES J., ESQ.	***************************************	81 1	lame			
	1 49TH ST. N.		82 5	tenat Add	ress (P.O. Box Number is Not Acceptable	lat	
	PETERSBURG FL 33710		62 3	ileet Addi	ress (P.O. Box number is not Acceptable	ile)	
V 1.	TELEMODOMO TE OF TO		83				
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			84 0	ity		FL 85 Zip	Code
office or	registered agent, or both, in the	State of Florida. Such change was a	authorized by th	e corporal	poration submits this statement for the pation's board of directors. I hereby accep	ot the appointment as	registered
agent. I SIGNATURE	· ,	obligations of, Section 607.0505, Flo				DATE	
SIGNATURE	Signature. Typeod or printed name of registe	red agent and tile if applicable (NOT	E Registered Agent s	ignature requi		DATE CERS AND DIRECTOR	3S IN 12
SIGNATURE	Signature Typed or printed name of registe OFFICER	red agent and tille if applicable (NOT)	E Registered Agent s	ignature requi	red when reinstating) ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTO	
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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 12 or Block 12 or on an attachment with an address.