

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Aug 24 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P94000093655 (6)

1. Corporation Name

DR. MUNEEER HANNA & ASSOCIATES, P.A.

Principal Place of Business

2031 FOREST GATE DR W
JACKSONVILLE FL 32246

Mailing Address

2031 FOREST GATE DR W
JACKSONVILLE FL 32246

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/01/1995

4. FEI Number

59-3287367

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 or has paid the current year Intangible
Personal Property Tax due June 30.



Yes ☐ No

2. Principal Place of Business

21 9480 Arlington Expressway
Suite, Apt. #, etc.

2a. Mailing Address

26 9480 Arlington Expressway
Suite, Apt. #, etc.

22 City & State

23 JAX FL

24 Zip 32275 25 Country USA

27 City & State

28 JAX FL

29 Zip 32275 30 Country USA

9. Name and Address of Current Registered Agent

AKEL, EDWARD C
1 INDEPENDENT DRIVE SUITE 2301
JACKSONVILLE FL 32202

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME D HANNA, M N
STREET ADDRESS 2031 FOREST GATE DR W
CITY-ST-ZIP JACKSONVILLE FL 32246

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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.

SIGNATURE:

Muneeer Hanna

8/10/98

94000093655

CR2E034 (5/98)

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August 10, 1998

Division of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314

To Whom It May Concern:

I recently received my 1998 Profit Corporation Annual Report packet that was marked 2nd notice. I was stunned to learn I was late in the filing process. If you would check my filing record you will find I have never been late before. I pride myself in never being late for important matters such as this. As to why this happened, I feel certain I never received the first notice (the post office is not perfect). I receive and process all mail for the corporation and I have no doubt that that the first notice was never received. I sincerely request at this time the \$400 late fee be waived on my behalf, due to reasonable cause. Please accept my check for \$158.75 along with my completed report packet. Thank you for your time and consideration.

Sincerely,


Muneer N. Hanna