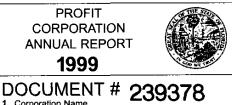
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90137 030 ***150.00

HANLAN	NEW I'UN MAUSOLEUM C	UNPUNATION							
Principal Place of Business Mailing Address						- I (EAILE HOOF STIFF EAGE HER FIRST COOR CASE	i Bibil Dibil Bent	E/8// 8/	#14 B1811 3081
2929 S.E. OCEAN BLVD. 2929 S.E. OCEAN BLVD.									
APT. 103-5 APT. 103-5						DO NOT WRITE IN	THIS SPAC	Ē	
STUART FL 34996-2752 STUART FL 34996-2752						3. Date Incorporated or Qualifed			
						01/01/1960			
Principal Place of Business 2a. Mailing Address						4. FEI Number		Apr	olied For
21	26					59-0898087		Not	Applicable
	e, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired			dditional
27						5. Certificate of Status Desired	F	ee Red	quired
City & State City & State						6. Election Campaign Financing \$5.00 May Be			
3 28						Trust Fund Contribution		dded to	Fees
Zip	Country	Zip	Coun	try		8. This corporation owes the current year.			
24	25 29 30					Personal Property Tax.	X Yes	3	□No
	9. Name and Address of Curre	ent Registered Agent		B1	Name	10. Name and Address of New Regis	tered Agent		-
NEWTON,H L				"	Name				
2929 S.E. OCEAN BLVD. 103-5				B2	Street Addre	ess (P.O. Box Number is Not Acceptable)			
STUART FL 34996			-	83					
0.07	111 1 2 01000		[53					
				84	City		FL 85	Zip C	ode
44 D CO					above named corporation submits this statement for the purpose of changing its				
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 ag	ent and title if applicable. (NOTS	: Registered A	gent	signature required	when reinstating) D.	ATE		
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICE	RS AND DIR	ECTO	
TITLE	PD	☐ DELETE	1.1 TITL	E.			□ CH	iange	☐ Addition
NAME	NEWTON, H. L.		1.2 NAN	1.2 NAME					
STREET ADDRESS	s 2929 S.E. OCEAN BLVD.		1.3 STR	1.3 STREET ADDRESS					,
CITY-ST-ZIP	STUART FL 34996			/-ST-	-ZIP				
TITLE	SDT □ DELETE 2.1		2.1 TITL	2.1 TITLE			☐ CH	ange	☐ Addition
NAME	116171 011, 00 111		2.2 NAM	2.2 NAME					1
STREET ADDRESS	2929 S.E. OCEAN BLVD. 23			2.3 STREET ADDRESS					ļ
CITY-ST-ZIP	0,0,1,1,1		2. 4 CIT	2. 4 CITY- ST- ZIP					□ A 4300
TITLE	VD DELETE 3.1			E			□ cr	ange	☐ Addition
NAME	112111011, 1881211 011		3.2 NAM						
STREET ADDRESS				EET /	ADDRESS				
CITY-ST-ZIP	ORLANDO FL 32811		3.4. CIT		-ZIP		[] CF	2000	Addition
TITLE		☐ DELETE	4.1 TITL				ĽΙV	anye	
NAME			4. 2 NAI						
STREET ADDRESS		•			ADDRESS				
CITY-ST-ZIP			4.4 CIT		ZIP			nange	Addition
TITLE		☐ DELETE	51 TITL 52 NAM					.ungo	
NAME					ADDRESS				
STREET ADDRESS			5.4 CIT		1				
CITY-ST-ZIP		☐ DELETE	6.1 TITL		- LIF		□ Cr	nange	Addition
TITLE			6.2 NAM					J-	_ '''
NAME					ADDRESS				

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 Cnapter 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.

6.4 CITY-ST-ZIP

SIGNATURE: