

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED

Sep 09 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **300781** (2)  
1. Corporation Name  
**HELEN HANSON PROPERTIES, INC.**

Principal Place of Business <b>8285 129TH COURT P.O. BOX 189 ROSELAND FL 32957</b>	Mailing Address <b>8285 129TH COURT P.O. BOX 189 ROSELAND FL 32957</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>01/13/1966</b>		3a. Date of Last Report <b>04/08/1996</b>	
4. FEI Number <b>59-1215519</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

2. Principal Place of Business 21 <b>12926 83rd Ave.</b> Suite, Apt. #, etc. 22 <b>Roseland, Fl.</b> City & State 23 Zip <b>32957</b> Country <b>U.S.A.</b>	2a. Mailing Address 26 <b>Mark S. Hanson</b> Suite, Apt. #, etc. 27 <b>3511 Hilltop Lane</b> City & State 28 <b>Cocoa, Fl</b> Zip <b>32926</b> Country <b>U.S.A.</b>
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9. Name and Address of Current Registered Agent <b>HANSON, HELEN</b> <b>8285 129TH COURT</b> <b>ROSELAND FL 32957</b> <i>Deceased</i>		10. Name and Address of New Registered Agent 81 Name <b>Mark S. Hanson</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>3511 Hilltop Lane</b> 83 <b>Cocoa, Fl</b> 84 City <b>FL</b> 85 Zip Code <b>32926</b>	
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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 *Mark S. Hanson* DATE *Sept. 5, 1997*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PDT HANSON, HELEN 8285 129TH COURT ROSELAND FL</b> <i>Deceased</i> <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<b>President Mark S. Hanson 3511 Hilltop Lane Cocoa, Fl. 32926</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD HANSON, MARK 3511 HILLTOP LANE COCOA FL</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST COOKSEY, BYRON T 979 BEACHLAND BLVD VERO BCH FL</b> <input type="checkbox"/> DELETE <i>O.K.</i>	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Mark S. Hanson* *9/5/97* (not) 632-8626

CR2E034 (4/97)