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

CIGNATIO

PROFIT Feb 17 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # 312722 HANORD, INC. Principal Place of Business Mailing Address 2211 NW 39TH AVE 2211 NW 39TH AVE MIAMI FL 33142 MIAMI FL 33142 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/12/1967 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-1158594 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 26 Trust Fund Contribution Added to Fees Zin Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 □ No 25 29 30 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 61 MCDONALD, EDWIN D 1041 BAYVIEW DRIVE Street Address (P.O. Box Number is Not Acceptable) FT LAUDERDALE FL 33304 83 84 City Zip Code 85 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. **\$IGNATURE** Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1 1 TITLE Change Addition NOORDHOEK,HAROLD NAME 1.2 NAME 300 CASUARINA CONCOURSE STREET ADDRESS 1.3 STREET ADDRESS CORAL GABLES FL CITY - ST - ZIP 1.4 CiTY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE MCDONALD, EDWIN D 2.2 NAME NAME MALEAYVIEW DR 2 3 STREET ADDRESS TITLE DELETE 3.1 TITLE Change Addition NAME NOORDHEOE, GREGG 3.2 NAME STREET ADDRESS 12780 SW 69TH AVENUE 3.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 3.4. CITY - ST - ZIP TITLE DELETE 4.1 TITLE Change ☐ Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS **6.3 STREET 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 supplimental 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 Block 12 or Block 13 if changed, or of the appears in attachment with an address. 6.4 CITY - ST - ZIP

FILED