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FILED
Apr 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 # 357313 (6)
1. Corporation Name
HANSEN MARINE WAYS, INC.



Principal Place of Business Mailing Address
5415 PALM BEACH BLVD 5415 PALM BEACH BLVD
P.O. BOX 50803 P.O. BOX 50803
FORT MYERS FL 33994-0903 FORT MYERS FL 33997-0903
US US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/30/1969	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1279818	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Zip	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	
25	Country	30	Country		

9. Name and Address of Current Registered Agent

HANSEN, A ERNEST
8289 BOONESBORO ROAD
P O BOX 50803
FT MYERS FL 33905-3391

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: *A. Ernest Hansen* (NOTE: Registered Agent's signature required when reinstating) DATE: 4-15-98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANSEN, A ERNEST	1.2 NAME	
STREET ADDRESS	8289 BOONESBORO ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	N FT MYERS FL 33917	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANSEN, HANS C	2.2 NAME	
STREET ADDRESS	5501 PARK D	2.3 STREET ADDRESS	Park Rd. (NOT D)
CITY-ST-ZIP	FT MYERS FL 33908	2.4 CITY-ST-ZIP	
TITLE	ST	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANSEN, FRANCES	3.2 NAME	
STREET ADDRESS	8289 BOONESBORO ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	N FT MYERS FL 33917	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANSEN, FRANCES	4.2 NAME	
STREET ADDRESS	8289 BOONESBORO RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL 33917	4.4 CITY-ST-ZIP	
TITLE	AST	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOKE, JENNIE H	5.2 NAME	
STREET ADDRESS	8289 BOONESBORO RD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	N FT MYERS FL 33917	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Frances Hansen Sec. Treas.* DATE: 4-15-98 941-SU3-3235

CR2E034 (10/97)