

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

**FILED**  
**Mar 04, 1999 8:00 am**  
**Secretary of State**

03-04-1999 90254 042 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 519208**  
 1. Corporation Name  
**HANNER & SONS, INC.**

Principal Place of Business <del>1631 S. CYPRESS RD</del> <del>POMPANO BEACH FL 33060</del>	Mailing Address <del>1631 S. CYPRESS RD</del> <del>POMPANO BEACH FL 33060</del>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <u>317 North Dixie Highway</u> Suite, Apt. #, etc. 22 City & State 23 <u>Pompano Beach FL</u> Zip Country 24 <u>33060</u> 25 <u>USA</u>	2a. Mailing Address 26 <u>317 North Dixie Highway</u> Suite, Apt. #, etc. 27 City & State 28 <u>Pompano Beach, FL</u> Zip Country 29 <u>33060</u> 30 <u>USA</u>
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3. Date Incorporated or Qualified <b>11/29/1976</b>	4. FEI Number <b>59-1710503</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent  
~~HANNER, DARRELL D~~  
~~4150 NW 8 LN~~  
~~POMPANO BEACH FL 33064~~

10. Name and Address of New Registered Agent  
 81 Name Hanner, Alyce Y.  
 82 Street Address (P.O. Box Number is Not Acceptable) 317 N. Dixie Highway  
 83  
 84 City Pompano Beach FL 85 Zip Code 33060

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 Alyce Y. Hanner DATE 2-18-99  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	<b>D</b>	
NAME	<b>HANNER, ALYCE Y.</b>	
STREET ADDRESS	<b>1631 S CYPRESS RD</b>	
CITY-ST-ZIP	<b>POMPANO BEACH FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE	<u>President</u>		
1.2 NAME	<u>Hanner, Alyce Y.</u>		
1.3 STREET ADDRESS	<u>317 North Dixie Highway</u>		
1.4 CITY-ST-ZIP	<u>Pompano Beach, FL 33060</u>		
2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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, with all other like empowered.

SIGNATURE: Alyce Y. Hanner DATE 2-18-99 954  
Signature and typed or printed name of signing officer or director Date Daytime Phone # 9432109

CR2E034 (1/198)