

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 POMPANO BEACH FL 33060</del>	Mailing Address <del>1631 S. CYPRESS RD 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>		3. Date Incorporated or Qualified <b>11/29/1976</b>	4. FEI Number <b>59-1710503</b>	Applied For 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 the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						

9. Name and Address of Current Registered Agent <del>HANNER, DARRELL D 4150 NW 8 LN POMPANO BEACH FL 33064</del>		10. Name and Address of New Registered Agent 81 Name <u>Hanner, Alyce Y.</u> 82 Street Address (P.O. Box Number is Not Acceptable) <u>317 N. Dixie Highway</u> 83 84 City <u>Pompano Beach</u> FL 85 Zip Code <u>33060</u>	
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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 Alyce Y. Hanner DATE 2-18-99  
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	President <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANNER, ALYCE Y.	1.2 NAME	Hanner, Alyce Y.
STREET ADDRESS	1631 S CYPRESS RD	1.3 STREET ADDRESS	317 North Dixie Highway
CITY-ST-ZIP	POMPANO BEACH FL	1.4 CITY-ST-ZIP	Pompano Beach, FL 33060
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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, with all other like empowered.

SIGNATURE: Alyce Y. Hanner DATE 2-18-99 DAYTIME PHONE # 9432109  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)