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

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 559825

(5)

HANS TECHNICIANS, INC.

Principal Place of Business	Mailing Addross	
130! DUSKIN AVENUE ORLANDO FL 32839 US	200S. ORANGE AVE. SUITE 2300	

FILED May 14 1997 8:00am Secretary of State

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1301 DUSKIN A ORLANDO FL S US		200S. ORANGE AVE. SUITE 2300 	- 4		
, J.				3. Date incorporated or Qualified 02/15/1978	3a. Date of Last Report 05/01/1996
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-1815163	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	6	City & Stato		6. Election Campaign Financing	\$5.00 May Be
23		28 Orlando	Flo.	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for in	
24	25	29/32801-3432	30		Yes No
	9. Name and Address of Curr	rent Registered Agent		10. Name and Address of New Reg	istered Agent
AG	C. C O.		81 Name		
	S. ORANGE AVE.→		82 Street_Add	200 Day Northeric Nat Assessed	
	ANDO FL-82601-0482-		82 Street Add	iress (P.O. Box Number is Not Accepted)	
ONL	MINDO TE OZOOT OTOZ		83	1 72-8	
				UTE 2300	
		÷	84 City	Janaha .	FL 85 ZDC00-343
11 Diversal	to the provisions of Spelians 607 C	NEO2 and 607 1609 Florida Statuto	no the above period on	rporation submits this statement for the pr	
office or r	registered agent, or both, in the Sta im familiar with, and accept the ob-	ate of Florida. Such change was a	uthorized by the corpora	ation's board of directors. Thereby accep	t the appointment as registered
SIGNATURE					
b	Signature, typod or printed name of registered		Hog stored Agent signature requ		DATE
12.		AND DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	PD	L) bittit	1.1 BILE		L Change L Addition
NAME	VOGL, JOHN HANS		1.2 NAME		[3
STREET ADDRESS	882 37TH ST.		1.8 STREET ADDRESS		الم
CITY-ST-ZIP	ORLANDO FL		1.4 CITY- ST - 7/P		
TITLE	VPD	☐ DELETE	2.1 THLE		Change
NAME	VOGL, KENNETH ROY		2.2 NAME	ilma ann bill Di	115
STREET ADDRESS	-1405 WVERONA S T.		2.3 STREET ADDRESS 2	1438 OAK RUN BL	VD
CITY-ST-ZIP	KISSIMMEE FL		2 4 CHY-S1-7/P		
TITLE	STD	☐ DELETE	3 i Title	 -	Change Addition
NAME	VOGL, VIOLET WALTRAUT		32 NAME		
STREET ADDRESS	882 37TH ST.		3 3 STREET ADDRESS)
CITY-ST-ZIP	ORLANDO FL		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 - 7IP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		_ , _
!			5 3 STREFT ADDRESS		
STREET ADDRESS					
CITY-ST-ZIP	*	DELETE	5.4 CITY-S1-ZIP 6.1 TitLE		Change Addition
		D with			En change En recition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP	by partify that the information	diag with this filing does not a set	6.4 CITY-ST-ZIP	ed in Section 119.07(3)(i), Florida Statutes	Lituribos portifu that the
t 🕶 i do nerei	uy ceruly that the information supp	meo wiin mis ming does not quality	y ior the exemption state	so in section in along statutes	i i untrier cering triat the

4. 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.

IGNATURE: 1/4/8/1/1/2/10 11 0/6/67 W-1/081 4-4-97 464-859-514