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

**CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 664888

(5)

HAN INDUSTRIES, INC.

## **FILED** May 05 1998 8:00am Secretary of State



Principal Place of Business Mailing Address			J DEGILD Ditie Gelse gener edent ident ident geber diete geber destre einer einer		
3307 NORTH ISLAND ROAD COOPER CITY FL 33026	3307 NORTH ISLAND RO COOPER CITY FL 33026	AU			
US	US				DO NOT WRITE IN THIS SPACE
•					3. Date Incorporated or Qualified
					03/01/1980
2. Principal Place of Business	2a. Mailing Address				4. FEI Number Applied For
21	26				<b>59-1979143</b> Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.				S8.75 Additional
22	27				5. Certificate of Status Desired Fee Required
City & State	City & State				Election Campaign Financing \$5.00 May Be
23	28				Trust Fund Contribution Added to Fees
Zip Country	Zip	Co	untry		8. This corporation owes or has paid the current year Intangible
24 25	29	30	·		Personal Property Tax due June 30. Yes No
9. Name and Address of Curre		1001	1		10. Name and Address of New Registered Agent
NICHOLSON, HALTON A.			81	Name	•
3307 NORTH ISLAND ROAD					
			82	Street A	Address (P.O. Box Number is Not Acceptable)
COOPER CITY FL 33026			83		
			"		
			84	City	85 Zip Code
					FL   E   P COOK
11. Pursuant to the provisions of Sections 607.050	02 and 607.1508. Florida <b>Statu</b> a of Florida. Such change was	tes, the a	above ed hu	e-named (	corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered
agent. I am familiar with, and accept the oblig	ations of Section 607.0505. Fl	orida Sta	atules	S.	orallo i de
SIGNATURE					
Signature, typed or printed name of regulared ag				int signature (	required when reinstating) DATE
	ID DIRECTORS	13			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE PTD	☐ DELETE		TITLE		☐ Change ☐ Addition
NAME NICHOLSON, HALTON A.		1.2	NAME		
STREET ADDRESS 3307 NORTH ISLAND ROAD		1.3	STREET	ADDRESS	
CITY-ST-ZIP COOPER CITY FL 33026		1.4	CITY-S	T-ZIP	
TITLE	☐ DELETE	21	TITLE		Change Addition
NAME		2.2	NAME		
STREET ADDRESS		2.3	STREET	ADDRESS	
CITY-ST-ZIP		2.4	CITY-5	ST-ZIP	
TITLE	DELETE	3.1	TITLE		Change Addition
NAME		3.2	NAME	}	
STREET ADDRESS		3.3	STREET	ADDRESS	
CITY-ST-ZIP			CITY-S	1	
TITLE	DELETE		TITLE		Change Addition
NAME			NAME		
				ADDRESS	
STREET ADDRESS			SINEET CITY-S		
CITY-ST-ZIP	DELETE	_		1-ZIP	Change Addition
TITLE	רי מברנוני	B	THILE		C. Criange C. Adulati
NAME		- 1	NAME		
STREET ADDRESS				ADDRESS	
CITY-ST-ZIP			CITY-S	T-ZIP	0
TITLE	☐ DELETE	6.1	TITLE		
NAME		6.2	NAME		100002512401 -05/06/9801006027
STREET ADDRESS		6.3	STREET	ADDRESS	
CITY-\$T-ZIP		6.4	CITY-S	T-ZIP	***150.00

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 or an attachment with an address.