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May 05 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 674891 (7)
 1. Corporation Name:
HANNA ENTERPRISES, INC.



Principal Place of Business 923 S 21ST AVE HOLLYWOOD FL 33020 US	Mailing Address PO BOX 220710 HOLLYWOOD FL 33022-0710 US
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 06/25/1980	3a. Date of Last Report 04/12/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-2008127	Applied For <input type="checkbox"/> Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	30. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent
**HANNA, PETER R.
 923 S. 21ST AVENUE
 HOLLYWOOD FL 33020**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
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: _____ DATE: _____
Signature by voice printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> DELETE
NAME	HANNA, CARL F III	
STREET ADDRESS	923 S 21ST AVE	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	HANNA, PETER	
STREET ADDRESS	923 S 21ST AVE	
CITY-ST-ZIP	HOLLYWOOD, FL 00000	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SHEAFFER, LARRY E.	
STREET ADDRESS	923 S 21ST AVE	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	TS	<input type="checkbox"/> DELETE
NAME	HANNA, CARL F. JR.	
STREET ADDRESS	923 S. 21ST AVENUE	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP	Hollywood, FL 33020	
2.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP	Hollywood, FL 33020	
3.1 TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP	Hollywood, FL 33020	
4.1 TITLE	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP	Hollywood, FL 33020	
5.1 TITLE	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Hanna, Betty B.	
5.3 STREET ADDRESS	923 S. 21st Avenue	
5.4 CITY-ST-ZIP	Hollywood, FL 33020	
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 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.

SIGNATURE: Peter R. Hanna, P/D *Peter R. Hanna* Date: 954-925-1665
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone: 4 0188726

CFR2E034 (9/96)