


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

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90151 018 ***150.00

0171940

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 674891			
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 US	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30	
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 FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANNA, CARL F III	1.2 NAME	
STREET ADDRESS	923 S 21ST AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33020	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANNA, PETER	2.2 NAME	
STREET ADDRESS	923 S 21ST AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD, FL 00000 33020	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHEAFFER, LARRY E.	3.2 NAME	
STREET ADDRESS	923 S 21ST AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33020	3.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANNA, CARL F. JR.	4.2 NAME	
STREET ADDRESS	923 S. 21ST AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33020	4.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANNA, BETTY	5.2 NAME	
STREET ADDRESS	923 S 21 AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33020	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 in an attachment with an address, with all other like empowered.

SIGNATURE: _____

Larry E. Sheaffer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Larry E. Sheaffer

4-26-99

Date

954-925-1665

Daytime Phone #

CR2E034 (11/98)