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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 690567

(3)

MICKIE HANSON, INC.

FILED Apr 24 1997 8:00am Secretary of State

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Principal Piace of Business % MICKIE HANSON 4108 MONROE STREET HOLLYWOOD FL 33021		% MICKIE HA 4108 MONRO	Mailing Address  * MICKIE HANSON 4108 MONROE STREET HOLLYWOOD FL 33021-7343			3. Date Incorporated or Qualified 04/29/1996					
2. Principal P	Pace of Business	2a. Mailing A	Address				4. FEI Number		U4/20/18		plied For
21		26				-1-	59-2131800			No	t Applicable
Suite, Apt	#, etc	Suite, Ap	ot. #, etc.				5. Certificate of Status Desired				Additional equired
City & State		City & State			<del></del>	6. Election Campaign Financing Trust Fund Contribution				\$5.00 May Be Added to Fees	
Zip	Country	Zip		Cou	ntry		8. This corporation has liability	<del></del>			
24	25	29		30	·		Florida Statutes	☐ Yes	□ No		
	9. Name and Address of Curre	ent Registered Age	ent		<b>a</b> a 1		10. Name and Address of New	Registe	red Agent		
	VSON, MICKIE				81	Name	·	•			
	8 MONROE STREET				82	Street Addre	ss (P.O. Box Number is Not Accep	otable)			
nuL.	LLYWOOD FL 33021				83	<del> </del>				• • • • • • • • • • • • • • • • • • • •	
									<del></del>		
					84	City		I	FL   85	Zip (	Code
12.	Signarine, typed or pended name of registered a OFFICERS A	gent and title I applicable ND DIRECTORS	(NOT	E: Registered	d Ageni	I signature require	d when reinstating)  ADDITIONS/CHANGES TO OR	DA FEICERS		CTOR	S IN 12
THEF	1 ***		DELETE	1.1 11			Applifold (Added to of		Cr	hange	Addition
NAME STREET ADORESS	HANSON, MICKIE 4108 MONROE ST	L	DELETE	1.2 N/ 1.3 ST	AME IREET A	DORESS	Application invades to or		Cr	hange	Additio
NAME Street address Coy St. Zip	HANSON, MICKIE		DELETE	1.2 NA 1.3 ST 1.4 CI	AME IREET A TY-ST-		Apprinted in the control of the cont		□ Cr		
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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 truster 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.

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/97 954 9632789