

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

DOCUMENT # 736412 (8)

1. Corporation Name
HANID OF FLORIDA, INC.

95 FEB 23 PM 3:33

Principal Place of Business C/O ROSE BROSS 65 N.E. 202ND TERRACE (Q21) NORTH MIAMI BCH FL 33179	Mailing Address C/O ROSE BROSS 65 N.E. 202ND TERRACE (Q21) NORTH MIAMI BCH FL 33179
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/20/1976	3a. Date of Last Report 01/21/1994
4. FEI Number 59-1709131	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29
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9. Name and Address of Current Registered Agent

**BROSS, ROSE
 65 N.E. 202 TERRACE (Q21)
 NORTH MIAMI BCH FL 33179**

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 _____ DATE _____
Signature, typed or printed name of registered agent and the filer (applicant) (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	GALONSKY, ARTHUR
STREET ADDRESS	9421 EVERGREEN PL. 108
CITY - ST - ZIP	FT. LAUDERDALE FL
TITLE	SD
NAME	MYERS, JEANNE
STREET ADDRESS	165 NE 203RD TERR
CITY - ST - ZIP	N MIAMI BCH, FL 00000
TITLE	PD
NAME	BROSS, ROSE
STREET ADDRESS	65 NE 202 TERRACE(Q21)
CITY - ST - ZIP	N MIAMI BCH, FL 00000
TITLE	VD
NAME	GALONSKY, RUTH
STREET ADDRESS	9421 EVERGREEN PL, S-108
CITY - ST - ZIP	N MIAMI BCH, FL 00000
TITLE	TD
NAME	WANER, SONYA
STREET ADDRESS	180 NE 203RD TERR.
CITY - ST - ZIP	N MIAMI BCH, FL 00000
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	PD ROSE BROSS SAME
13 STREET ADDRESS	65 NE 202ND TERR
14 CITY - ST - ZIP	N MIAMI BCH, FLA 33179
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	VD MARY SHAY
23 STREET ADDRESS	175 NE 203RD TERR
24 CITY - ST - ZIP	N MIAMI B. FLA 33179
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	SD MARY PECORA
33 STREET ADDRESS	165 NE 203RD TERR
34 CITY - ST - ZIP	N MIAMI BCH FLA 33179
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	VD SONYA WANER SAME
43 STREET ADDRESS	160 NE 203RD TERR
44 CITY - ST - ZIP	N MIAMI B. FLA 33179
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if provided, or on an attachment with an addition.

SIGNATURE: X Rose Bross **2/18/95**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR