

**FILE NOW: FILING FEE IS \$61.25 -**

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

1996-3-1496

B-2268

C

DOCUMENT # 736412 (8)

1. Corporation Name  
HAND OF FLORIDA, INC.



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

3. Date incorporated or Qualified: 07/20/1976  
3a. Date of Last Report: 02/23/1995

2. Principal Place of Business: 21 SAME AS ABOVE  
2a. Mailing Address: 26 ABOVE IS CORRECT

4. FEI Number: 59-1709131  
Applied For: Not Applicable

22 Suite, Apt. #, etc.:  
27 Suite, Apt. #, etc.:

5. Certificate of Status Desired:  \$8.75 Additional Fee Required

23 City & State:  
28 City & State:

6. Election Campaign Financing:  \$5.00 May Be Added to Fees

24 Zip: 25 Country:  
29 Zip: 30 Country:

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

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: SAME  
82 Street Address (P.O. Box Number is Not Acceptable):  
83:  
84 City: FL 85 Zip Code:

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when re-stating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROSS, ROSE	1.2 NAME	<del>SA</del> <del>MARY</del>
STREET ADDRESS	165 NE 203RD TERR	1.3 STREET ADDRESS	
CITY-ST-ZIP	N MIAMI BEACH FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAY, MARY	2.2 NAME	RD RUTH SILLER
STREET ADDRESS	175 NE 203RD TERR	2.3 STREET ADDRESS	135 NE 202nd Terrace
CITY-ST-ZIP	N MIAMI BCH, FL 00000	2.4 CITY-ST-ZIP	N. MIAMI
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PECORA, MARY	3.2 NAME	North Miami Beach, FL
STREET ADDRESS	165 NE 203RD TERR	3.3 STREET ADDRESS	
CITY-ST-ZIP	N MIAMI BCH, FL 00000	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WANER, SONYA	4.2 NAME	
STREET ADDRESS	160 NE 203RD TERR	4.3 STREET ADDRESS	
CITY-ST-ZIP	N MIAMI BCH, FL 00000	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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 changed, or on an attachment with an address.

SIGNATURE: Rose Bross President 3/12/96 653-3717  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date, Time Phone

CR2E037 (12/95)