

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

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Mar 13 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F28556

(1)

1. Corporation Name
HANDS OF DRESDEN, INC.



Principal Place of Business
5320 S W 9TH ST
PLANTATION FL 33317

Mailing Address
5320 S W 9TH ST
PLANTATION FL 33317-4715

3. Date Incorporated or Qualified 04/06/1981	3a. Date of Last Report 04/04/1996
4. FEI Number 59-2081887	Applied For 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
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 State: Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite: Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent AJMO, RONALD 5320 S W 9 STREET PLANTATION, FL 33317	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
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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: *Naime Ajmo* DST DATE: 3-7-97.
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE DST	<input checked="" type="checkbox"/> DELETE	1.1 TITLE DST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME AJMO, RONALD		1.2 NAME AJMO, NAIME	
1.3 STREET ADDRESS 5320 S W 9TH ST		1.3 STREET ADDRESS 5320 S.W. 9th St.	
1.4 CITY-ST-ZIP PLANTATION, FL 00000		1.4 CITY-ST-ZIP PLANTATION, FL. 33317-4715	
2.1 TITLE DP	<input checked="" type="checkbox"/> DELETE	2.1 TITLE DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME AJMO, LOUIS		2.2 NAME RONALD AJMO, RONALD	
2.3 STREET ADDRESS 1741 SW 54TH TERRACE		2.3 STREET ADDRESS 5320 S.W. 9th St.	
2.4 CITY-ST-ZIP PLANTATION FL		2.4 CITY-ST-ZIP PLANTATION, FL. 33317-4715	
3.1 TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		3.2 NAME	
3.3 STREET ADDRESS		3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		4.2 NAME	
4.3 STREET ADDRESS		4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP		4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		5.2 NAME	
5.3 STREET ADDRESS		5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP		5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		6.2 NAME	
6.3 STREET ADDRESS		6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP		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 included 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 Book 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: *Ronald Ajmo* DATE: 3-7-97 (954)587-1865
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)