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NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED May 19 1998 8:00am Secretary of State

1. Corporation	n Name ID A HAND ASSO		<i>)</i>	, i					
Principal Place	e of Business	Ma	ailing Address					itt Aditi Antia niith Ai	18: 1191 0 B 111 18 4 1
8148 SILKWOOD LIN 3148 SILKWOOD LIN PORT CHARLOTTE FL 33953 PORT CHARLOTTE FL 33953				33953			3. Date Incorporated or Qualified	······································	
	7116-11 00000			2000			12/28/1994 4. FEI Number		LA
							31-1267993	<u> -</u>	Applied For Not Applicable
<u>-</u>			Mailing Address				T		5 Additional
Suite, Apt. #, etc.			Suite, Apt. #. etc.						Required
22. Suite, Apr.	₩, ⊕IC.	27	Suite, Apt. #, etc.				6. Election Campaign Financing Trust Fund Contribution		O May Be d to Fees
City & State	ө		City & State				7. Is this nonprofit corporation a hom		ation?
23		28						Yes V No	
Zip	Country	 1	Zip	Cou	ntry		8. This corporation owes or has paid		
24	9, Name and Addres	29	Second Amount	30			Personal Property Tax due June 3 10. Name and Address of New Regi		U No/V/A
	A' Mairie aud Woote:	e of Chitain Habis	tered Agent		81 Nar	ne	10. Haine and Address of New Negi	stereo Agent	
POTEO	MADEN			İ					
ESTES, KAREN			ľ	82 Stre	et Addre	ess (P.O. Box Number Is Not Acceptable	9)		
1796 BAYSHORE RD. ENGLEWOOD FL 34233			}	83					
ENGLET	1000 FL 34233			ļ					
					64 City	,		FL 85 2	ip Code
11. Pursuant office or r	to the provisions of Secti registered agent, or both	ons 617,0502 and 6 in the State of Floridant the obligations of	17.1508, Florida Sta da. Such change wa f. Section 617.0503	tutes, the ab	ove-nam	ed corpo corporatio	pration submits this statement for the pur on's board of directors. I hereby accept	rpose of changir the appointment	g its registered as registered
11. Pursuant office or ragent. La SIGNATURE	Signature, typed or printed name		If applicable. (I				oration submits this statement for the purpor's board of directors. I hereby accept divided the reinstating of the ADDITIONS/CHANGES TO OFFICE	DATE	
SIGNATURE	Signature, typed or printed name	of registered agent and title	If applicable. (I	VOTE: Registered	Agent sign		d when reinstating)	DATE	ORS IN 12
SIGNATURE	Signature, typed or printed name	of registered agent and title FICERS AND DIREC	r If applicable. (I	VOTE: Registered	Agent sign:	ature required	d when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE RS AND DIRECT	ORS IN 12
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reply for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information of accurate and that my signature shall have the same legal effect as if made under oath; that I am an fed to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in KOBERT T-KELLY