

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90045 033 ***150.00

DOCUMENT # **F95000003511**

1. Corporation Name

HANSON INTERNATIONAL, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business

2900 S STATE ST
STE 5 E
ST JOSEPH MI 49085
US

Mailing Address

P.O. BOX 8
ST. JOSEPH MI 49085-0008

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

07/20/1995

4. FEI Number

38-2702036

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

HANSON, MERLIN J
100 LAKESHORE DR., T-51
NORTH PALM BEACH FL 33408

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE C
NAME HANSON, MERLIN J
STREET ADDRESS 6130 EIDSON ROAD
CITY-ST-ZIP ST. JOSEPH MI 49085

TITLE PTD
NAME BERNSON, J. D
STREET ADDRESS 4290 SUNNYMEADE DRIVE
CITY-ST-ZIP ST. JOSEPH MI

TITLE V
NAME STEMM, GENE
STREET ADDRESS 2816 SOUTH STATE STREET
CITY-ST-ZIP ST. JOSEPH MI 49085

TITLE SD
NAME HANSON, GREGORY
STREET ADDRESS 1575 CARDINAL DRIVE
CITY-ST-ZIP ST. JOSEPH MI 49085

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ST. JOSEPH MI 49085

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS 1460 NELSON ROAD
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS 1405 MILLER DRIVE
5.4 CITY-ST-ZIP ST. JOSEPH MI 49085

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS 3966 RED ARROW HIGHWAY
6.4 CITY-ST-ZIP ST. JOSEPH MI 49085

14. I 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 trustee 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, with all other like empowered.

SIGNATURE: *Gene Stemmd* **Gene Stemmd**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/99

(616) 429-5555

Date

Daytime Phone #

CR2E034 (1/98)