

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F95000004907 (0)

1. Corporation Name

J. N. B. HANSON, INC.

Principal Place of Business

240 SPRING VALLEY RD
ORADELL NJ 07649

Mailing Address

240 SPRING VALLEY RD
ORADELL NJ 07649

APPROVED
AND
FILED
97 OCT 20 AM 8:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/10/1995	3a. Date of Last Report 05/01/1996
4. FEI Number 22-1914750	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
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

9. Name and Address of Current Registered Agent

HANSON, NEIL F
% CAREY'S RENTAL AGENCY
4905 NW 7TH AVE
MIAMI FL 33127

10. Name and Address of New Registered Agent

81. Name RICHARD A. GREENE	85. Zip Code 33142
82. Street Address (P.O. Box Number is Not Acceptable) 4240 N.W. 27TH. AVE.	
83. City MIAMI, FLORIDA	
84. State FL	

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 Richard A. Greene DATE 9/29/97
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANSON, NEIL	1.2 NAME	
STREET ADDRESS	240 SPRING VALLEY RD	1.3 STREET ADDRESS	800002327418--8
CITY-ST-ZIP	ORADELL NJ 07649	1.4 CITY-ST-ZIP	-10/22/97--01108--008
TITLE	VCV	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANSON, NANCY	2.2 NAME	
STREET ADDRESS	240 SPRING VALLEY RD	2.3 STREET ADDRESS	****550.00 ****550.00
CITY-ST-ZIP	ORADELL NJ 07649	2.4 CITY-ST-ZIP	
TITLE	ST	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANSON, ROSE	3.2 NAME	
STREET ADDRESS	240 SPRING VALLEY RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORADELL NJ 07649	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		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 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.

SIGNATURE J. N. B. Hanson DATE 9/29/97

CR2E034 (4/97)