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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

F9700006873 (0) DOCUMENT #

HANSEN PROPERTIES, INC. OF PA.

FILED May 15 1998 8:00am Secretary of State



Principal Place	e of Business	Mailing Add	Mailing Address			*	**** ***** ***** ***** ****	11 FEETE FILT TEET	
	PKWY W #200		1767 SENTRY PKWY W #200 BLUE BELL PA 19422						
BLUE BELL F	PA 19422	BLUE BELL				DO NOT WRITE	DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualified			
						12/26/1997		1	
2. Principal Pl	lace of Business	2a. Mailing A	ddress	•		4. FEI Number		Applied For	
21		26	26			23-2707267		Not Applicable	
Suite, Apt.	#, etc.	Suite, Ap	Suite, Apt. #, etc.			5. Certificate of Status Desired		5 Additional	
22		27				s. Certificate of Status Desired	Fee	Required	
City & State	9	City & Str	City & State			6. Election Campaign Financing	, , , , , , , , , , , , , , , , , , , ,		
23		28				Trust Fund Contribution		ed to Fees	
Zip	Country	Zip	\vdash	Country		8. This corporation owes or has pa			
24	25 25 Name and Address of Curr	29	30	1		Personal Property Tax due June 10. Name and Address of New Re		₩ No	
		rent Registered Age	nt	81	Name	10. Name and Address of New A	Alteral on Whalir		
	INSEN, ELMER F JR				110				
28 ST. THOMAS DR. PALM BEACH GARDENS FL 33404				82	82 Street Address (P.O. Box Number is Not Acceptable)				
PA	LM DEALM GAMDENS FL 334	U4		83				···	
				33					
				84	City		FI 85	Zip Code	
44 Discount	to the previsions of Continue 607.6	1502 and 507 1500 E	Insida Statuton	the show	nomad	corporation submits this statement for the		na ite registered	
office or re	egistered agent, or both, in the Sta	ate of Florida. Such c	hange was auth	norized by	the corp	poration's board of directors. I hereby acce	pt the appointment	as registered	
agent. I a	m familiar with, and accept the ob	ligations of, Section (607.0505, Florid	a Statutes	S.				
SIGNATURE	Signature, typed or printed name of registme-3	agont and title if applicable	INOTE P	enistered Ane	n) alonehve	e required when reinstating)	DATE		
12.		AND DIRECTORS	nto ic in	13.	and and	ADDITIONS/CHANGES TO OFFI	CERS AND DIREC	FORS IN 12	
TITLE	PTSD		DELETE	1.1 TITLE		P, D	Chan		
NAME	HANSEN, ELMER F JR			1.2 NAME		' , *			
STREET ADORESS	28 ST. THOMAS DR.			1.3 STREET	ADDRESS			ŀ	
CITY-ST-ZIP	PALM BEACH GARDENS F	L 33404		1.4 CITY - S	T-ZIP				
TITLE	VD		DELETE	2.1 TITLE		V	✓ Chan	ge Addition	
NAME	SHERMAN, DAVID S			2.2 NAME		·			
STREET ADDRESS	1767 SENTRY PKWY., W.			2.3 STREET	ADDRESS			İ	
CITY-ST-ZIP	BLUE BELL PA 19422			2. 4 CITY-1	ST - ZIP		,		
TITLE	D		DELETE	3.1 TITLE		S.T	✓ Chan	ge Addition	
NAME	HENSEN, ELMER F III			3.2 NAME		S,T Hansen, Elmer F. III		Ì	
STREET ADDRESS	265 CRANE POINT S.			3.3 STREET	ADDRESS	1			
CITY-SY-ZIP	JUPITER FL 33458			3.4. CITY -	ST - ZIP	1			
TITLE		L	DELETE	4.1 TITLE			Char	ge Addition	
NAME				4. 2 NAME					
STREET ADDRESS				4.3 STREET	ADDRESS				
CITY-ST-ZNP				44 CITY-S	T - ZIP				
TITLE		T	DELETE	5.1 TITLE			☐ Char	ge Addition	
NAME				52 NAME				į	
STREET ADDRESS				5.3 STREET	ADDRESS				
CITY-ST-ZIP				5.4 CITY - 5				Į	
TITLE			DELETE	6.1 TITLE			☐ Char	ge Addition	
NAME		_		6.2 NAME					
STREET ADDRESS				6.3 STREET	ADORESS				
CITY-ST-ZIP				6.4 CITY-S					
O111-21-28	L	J		0.9 011112	Alam alah	ad in Castian 110 07/31/i) Elevida Statuton	I further earlier that	the information	

r nereby 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 informatio 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 applications with an address.

4/20/98