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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Jan 14 1997 8:00am

Sandra B. Mortham

ANNL	AL REPORT	Secret	B. Mortham ary of State CORPORATIONS	Secretary	of State
 Corporation 	MENT # G04795 HNS & ASSOCIATES, INC.	5 (2)			
Principal Place	of Rusings	Mailing Address			
Principal Place of Business 5100 NE 33RD AVE SUITE 141 BOCA RATON FL 33309 US		5100 NW 33RD AVE SUITE 141 FT. LAUDERDALE FL 33309-6342 US		Date Incorporated or Qualified	3a. Date of Last Report
				10/18/1982	01/24/1996
21	ace of Business	2a. Mailing Address 26		4. FEI Number 59-2256830	Applied For Not Applicable
Suite, Apt. 7	F, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	,	City & State		6. Election Campaign Financing	\$5.00 May Be
Zip	Country	Zíp	Country	Trust Fund Contribution 8. This corporation has liability for it	Added to Fees
24	25	29	30		Yes No
101	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Reg	jistered Agent
OOD NIM OFTH OT					
2295 NW 35TH ST. BOCA RATON FL 33431			82 Street Addr	82 Street Address (P.O. Box Number is Not Acceptable)	
			83		
			84 City		85 Zip Code
				·	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	Signature, typed or printed name of registered agen	hand bile if on that he is the interest of the	TE: Registered Agent signature requir	and whoo scientains	DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICE	
TITLE	PD	☐ DELETE	1.1 TOLE		Change Addition
NAME	JOHNS, R.M.		1.2 NAME		\;
STREET ADDRESS	5100 NW 33RD AVE 141 FT LAUDERDALE FL		1.3 STREET ADDRESS		,
CITY-ST-ZIP	STD	DELETE	1.4 CiTY-ST-ZiP		Change Addition
NAME	JOHNS, DEBRA B.		2.2 NAME		
STREET ACORESS	5100 NW 33RD AVE		2.3 STREET ADDRESS		}
CITY - ST - Z:P	FT. LAUDERDALE FL		2. 4 CITY-ST-ZP	· · · · · · · · · · · · · · · · · · ·	
TITLE	•	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		·
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	3,4. CITY - \$T - ZIP 4.1 TIT_E		Change Addition
NAME			4. 2 NAME		El Guizhão El Vidadion
STREET ADDRESS			4.3 STREET ADDRESS		
CITY - ST - ZIP			4.4 CITY- ST- ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	 	☐ DÉLETE	5.4 CITY+ST-ZIP 6.1 TITLE		Change Addition
NAME			6.2 NAME		En analike En wealtion t
STREET ADDRESS			6.3 STREET ADDRESS		į

I do hereby certify that the information supplied with this filling 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 acciver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name