PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G72343

1. Corporation Name

HANSA MOLD, TOOL & DIE, INC.

FILED

Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90154 015 ***150.00

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Principal Place			iling Address	<u>.</u>								
11430 TAMIAMI	TRAIL E H.	ANSA	MOLD TO	OL &	DIE,	INC.	-					
NAPLES FL 339	962	1	11430 TAMIAMI	TRAIL	E.		1	DO NOT WR	ITE IN THIS	SPACE		
NAPLES, FLORIDA 34113							DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified					1
į		(941)	775-9090 • (9	741) 793-	-2940		12/01/19					l
3 Date to all D	to a - of Business		Mailing Address				4. FEI Number			AD	plied For	1
⊢ ¬ '	face of Business	26	Maling Acoress				59-23408			No	t Applicable	1
Suite, Apt.	# atc		Suite, Apt. #, etc.							\$8.75	Additional	1
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City & Stat	e		City & State				6. Flection Car	mpaign Financing		\$5.00	May Be	}
23	_	28	•				,	Contribution		Added t	•]
Zip	Country		Zip	Co	untry		8. This corpora	ation owes the cui	ment year Inf	angibie		1
24	25	29		- [<u>30</u>]			Personal Pr	operty Tax.		Yes Yes	-□N0	1 -
	9. Name and Address of Curre	ent Regist	ared Agent		Τ		10. Name and	Address of New	Registered	Agent		Į.
					81	Name A	IANS F	PAPENEI	155			1
	MER. WILLIAM D.				82		ess (P.O. Box Nun	ber is Not Accep	table)			1
1838	40TH TERRACE 8W							UIAMI T	7 <u>72 · 4</u>	<u> </u>		1
MAP	LES 100 341115				83			•- •				[
1	•				84	City A/O				B5 Zip C	Code _	1
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11. Pursuant	to the provisions of Sections 607.05	502 and 60	7.1508, Florida Sta	tutes, the a	above-r	named corpo	oration submits this	statement for the	purpose of	changing its	registered gistered	Ì
office or of	to the provisions of Sections 607.05 egistered agent, both, in the Stat m familiar with and accept the political control of the provisions of Sections 607.05 of the provisions of	te of Florida dations of	s. Succentinange was Section 607.0505, I	s autnonze Florida Sta	ed by un stutes.	ie corporatio	in a board or direct	ora. I narooy acc	pruid appo		J	1
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SIGNATURE	Signature, sped or printed name of registered a	com acrificio d	analisable (NC	OTF. Davidson		innatura renuired	when reinstating)		DATE			
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12.	OFFICERS A			13.	nne		ADDITIONS/	CHANGES TO O	FFICERS A	D DIRECTO	DRS IN 12	(11/98)
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14. I hereby certify that the information supplied with this filing does not qualify for the additional formation 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:

THE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/99

941-775-9090

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