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

NAME STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

FILED Jan 15 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (0)H91953 **FANA CORPORATION** Principal Place of Business Mailing Address 1037 PARK STREET 1037 PARK STREET JACKSONVILLE FL 32204 JACKSONVILLE FL 32217 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/30/1985 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 59-2590946 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc, \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 28 23 Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible □ No 25 30 Yes 24 29 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent HAWWA, FARID 2309 SMULLIAN TRAIL SOUTH 82 Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE FL 32217 83 84 City 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 reinstaling) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition 11 TITLE TM F HAWWA, FARID 1.2 NAME NAME 2309 SMULLIAN TR., S. STREET ADDRESS 1.3 STREET ADDRESS JACKSONVILLE FL 1.4 CITY-ST-ZIP CITY - ST - ZIP DS DELETE Change Addition TITLE 2.1 TITLE HAWWA, NABILA NAME 2.2 NAME 2309 SMULLIAN TR., S. 2.3 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 2. 4 CITY-ST-ZIP CITY - ST - ZIP DVP DELETE Change Addition TITLE 3.1 TITLE HAWWA, CHAFIC NAME 3.2 NAME 2309 SMULLIAN TR., S. 3.3 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE 6.1 TITLE Change Addition TITLE 6.2 NAME

> 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

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 outh; that I am an officer or director of the corporation or the receiver of 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 the same legal effect as if made under outh; that I am an officer or director of the corporation or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

THE REQUIRED

CR2E034