**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**
**AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)**

PROFIT CORPORATION ANNUAL REPORT
**1996**

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

DOCUMENT # **H98870** **(9)**

1. Corporation Name
**HANG-OUT ENTERPRISES, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 11759 N. DALE MABRY<br>TAMPA FL 33618<br>US | ~~4313 OAKHURST TERR.~~<br>~~TAMPA FL 33624~~<br>~~US~~ |

| | |
|---|---|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 | 26 c/o MICHAEL NUNGESTER |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 4101 HUDSON WAY |
| City & State 23 | City & State 28 TAMPA FL |
| Zip 24 / Country 25 | Zip 29 33624 / Country 30 US |

3. Date Incorporated or Qualified: 02/11/1986
3a. Date of Last Report: 04/20/1995
4. FEI Number: 59-2629347 (Applied For / Not Applicable)
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

**9. Name and Address of Current Registered Agent**
~~NASTASI, JOSEPH~~
~~4313 OAKHURST TERRACE~~
~~TAMPA FL 33624~~

**10. Name and Address of New Registered Agent**
81 Name: MICHAEL NUNGESTER
82 Street Address (P.O. Box Number is Not Acceptable): 4101 HUDSON WAY
83
84 City: TAMPA FL 85 Zip Code: 33624

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: Michael Nungester
Signature, type or print name of registered agent and title if applicable (NOTE: Registered Agent signature required when name is changed)
DATE: 6-16-96

**12. OFFICERS AND DIRECTORS**

| | | |
|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DP<br>NASTASI, JOSEPH<br>4313 OAKHURST TERRACE<br>TAMPA FL | ☒ DELETE |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>NUNGESTER, MICHAEL E.<br>4101 HUDSON WAY<br>TAMPA FL | ☒ DELETE |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE |

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

| | | |
|---|---|---|
| 1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP | D<br>MARGO NASTASI<br>4313 OAKHURST TERRACE<br>TAMPA FL 33624 | ☒ Change ☐ Addition |
| 2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP | DP<br>MICHAEL NUNGESTER<br>4101 HUDSON WAY<br>TAMPA FL 33624 | ☒ Change ☐ Addition |
| 3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| 4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| 5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| 6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E034 (3/96)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** Michael Nungester MICHAEL NUNGESTER 6-16-96 813-962-1216
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #