

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.  
AMOUNT DUE ON OR BEFORE 8/8/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT CORPORATION ANNUAL REPORT 1995**



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

**APPROVED AND FILED**

95 JUL 18 AM 9:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # J11786 (7)**

1. Corporation Name  
**HANNA & WINTER, P.A.**

Principal Place of Business Mailing Address  
**2135 BLANDING BLVD. JACKSONVILLE FL 32210**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		04/30/1986	05/01/1994
Suite, Apt. #, etc.		27		4. FEI Number	Applied For
22		27		59-2671444	Not Applicable
City & State		28		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23		28		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution	
24	25	29	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
		32210		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MATTSON, MICHAEL V. 3500 S. THIRD ST. JACKSONVILLE BEACH FL 32250				81 Name <b>LEWIS ANSBACHER</b>			
				82 Street Address (P.O. Box Number is Not Acceptable) <b>ANSBACHER &amp; SCHNEIDER P.A.</b>			
				83 <b>4215 SOUTHPOINT BLVD SUITE 100</b>			
				84 City <b>JACKSONVILLE</b>		85 Zip Code <b>FL 32216</b>	

\*1. 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]* DATE: \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>HANNA, SAMIR K.</b>	1.1 TITLE	<b>P, S, D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HANNA, SAMIR K.</b>	1.2 NAME	
STREET ADDRESS	<b>6976 CHEYENNE DR.</b>	1.3 STREET ADDRESS	<b>2135 BLANDING BLVD</b>
CITY - ST - ZIP	<b>JACKSONVILLE FL</b>	1.4 CITY - ST - ZIP	<b>JACKSONVILLE FL 32210</b>
TITLE	<b>WINTER, MICHAEL G.</b>	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WINTER, MICHAEL G.</b>	2.2 NAME	
STREET ADDRESS	<b>136 17TH AVE N</b>	2.3 STREET ADDRESS	<b>NO LONGER AN OFFICER OR A DIRECTOR</b>
CITY - ST - ZIP	<b>JACKSONVILLE FL</b>	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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 110.07(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE: *[Signature]* DATE: \_\_\_\_\_  
Signature typed or printed name of signing officer or director

CR2E034 (3/95)