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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **J11786**

1. Corporation Name

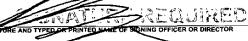
SAMIR K. HANNA & ASSOCIATES, P.A.

Principal Place of Business Mailing Address							
2135 BLANDING BLVD. JACKSONVILLE FL 32210		C/O CONT BUSINESS SVS 4070 HERSCHEL ST JACKSONVILLE FL 32210		DO NOT WRITE IN TH	IIS SPACE		
		US		3. Date incorporated or Qualifed 04/30/1986			
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	A	pplied For
21		26			59-2671444		lot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required		
City & State	9	City & State			6. Election Campaign Financing Trust Fund Contribution	Added	May Be to Fees
Zip	Country	Zip	Country	/	8. This corporation owes the current year		_
24	25	29 30			Personal Property Tax.	☑ Yes	□No
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Registers	d Agent .	
****	A OUTED A ENVIO		81	Name			
	BACHER, LEWIS		82	Street Ade	dress (P.O. Box Number is Not Acceptable)		
	BACHER & SCHNEIDER PA						
	SOUTHPOINT BLVD STE 100		83	i]			
JACK	(SONVILLE FL 32216		84	City		. 85 Zip	Code
			1	\ '	<u>_</u>		
office or n	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the obligi	of Florida, Such change was autho	orized DV	r the corpora	rporation submits this statement for the purpose tion's board of directors. I hereby accept the app	of changing it pointment as r	s registered egistered
SIGNATURE	<u> </u>		·—		ired when reinstating) DATE		
	Signature, typed or printed name of registered age			ent signature requ	ADDITIONS/CHANGES TO OFFICERS	AND DIRECT	ORS IN 12
12.		ND DIRECTORS DELETE	13. 1.1 TITLE		ADDITIONS/CHANGES TO OTTICERS	☐ Change	
TITLE	PSD CAMID V		1.2 NAME	ļ			_ (
NAME	HANNA, SAMIR K.			T ADDOECE			
STREET ADDRESS	2135 BLANDING BLVD			ET ADDRESS			(
CITY-ST-ZIP	JACKSONVILLE FL	☐ DELETE	1.4 CITY-5	ST-ZIP		Change	Addition
IIITE		C Secese	2.1 TITLE		,		
NAME			2.2 NAME	1			
STREET ADDRESS				TADDRESS			
CITY-ST-ZIP			2. 4 CITY-	ŞT-ZIP		Change	e
TITLE		☐ DELETE	3.1 TTLE			[_] O,104.190	
NAME			3.2 NAME				
STREET ADDRESS			l	ETADDRESS			ļ
CITY-ST-ZIP			3.4. CITY-	ST-ZIP		[] Change	e
TITLE		☐ DEFE 1€	4.1 TITLE				, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
NAME			4. 2 NAME				
STREET ADDRESS				ET ADDRESS			Ì
CITY-ST-ZIP		□ DELETE	4.4 CITY-	ST-ZIP		Change	e Addition
TITLE		☐ DELETE	5.1 TITLE	}		□ onange	,
NAME			5.2 NAME	ì			
STREET ADDRESS	1			ET ADDRESS			
CITY-ST-ZIP			5.4 CITY-			[] Change	e
TITLE		☐ DELETE	6.1 TITLE			Change	,,
NAME			6.2 NAME				
STREET ADDRESS			6.3 STRE	ET ADORESS			

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 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:

CITY-ST-ZIP



Daytime Phone #

Date

= :