

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J78422

1. Entity Name

HANNEX CORPORATION

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90462 002 \*\*\*150.00

Principal Place of Business

Mailing Address

% ALIOTTA, FRITSCH & WALSH  
140 INTRACOASTAL POINTE DR SUITE 305  
JUPITER FL 33477-5064

% ALIOTTA, FRITSCH & WALSH  
140 INTRACOASTAL POINTE DR SUITE 305  
JUPITER FL 33477-5094

838885

2. Principal Place of Business

3. Mailing Address

SMOLIN, LUPIN, COLE & CO., L.L.C.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

140 Intracoastal Pointe Dr., #305

City & State

City & State  
Jupiter, FL

4. FEI Number

65-0035927

Applied For

Not Applicable

Zip

Country

Zip

Country

33477-5064

USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALIOTTA, FRITSCH & WALSH  
140 INTRACOSTAL POINTE DR  
SUITE 403  
JUPITER FL 33477-5064

Name

SMOLIN, LUPIN & COLE, CO., L.L.C.

Street Address (P.O. Box Number is Not Acceptable)

140 INTRACOASTAL POINTE DRIVE

SUITE 305

City

JUPITER

FL

Zip Code

33477-5064

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

*Smolin Lupin Cole & Co., L.L.C. by Thomas D. Cole Member 1/10/00*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete  
NAME D  
STREET ADDRESS HANNES, JACK D.  
CITY-ST-ZIP 146 CAMMERAY RD, CAMMERAY 2062  
NSW, AUSTRALIA

TITLE ☐ Delete  
NAME D  
STREET ADDRESS HANNES, MARTIN R.  
CITY-ST-ZIP 25 MONCUR STREET  
WOOLLAHRA AU 2025

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*THOMAS D. COLE*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)