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

PROFIT CORPORATION ANNUAL REPORT 1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L46241

(0)

KARL B. HANSON, JR., P.A.

FILED Mar 02 1998 8:00am Secretary of State



			·			
Principal Place of Business Mading Address C/O LEBOEUF, LAMB. GREEN AND MACRAE C/O LEBOEUF, LAMB. GF 50 N LAURA ST. S-2800 50 N LAURA ST. S-2800 JACKSONVILLE FL 32202 JACKSONVILLE FL 32202			S-2800	MACRAE	DO NOT WRITE II	N THIS SPACE
US		US			3. Date Incorporated or Qualified 01/25/1990	
2. Principal P	lace of Business	2a. Mailing Addres	SS		4. FEI Number 59-2988851	Applied For Not Applicable
Suite, Apt.		Suito, Apt #, c	etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State	1 0			\$5.00 May Be Added to Fees
Zip 24	Country Zip Co 25 29 30 9 Name and Address of Current Registered Agent		30 Count	ry 	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent	
LIA	NSON, KARL	ent neglistered Apent	8	1 Name	10, Hallie and Address of Hear Hey	stered Agent
	N LAURA ST			1		
S-2	2800		8		ress (P.O. Box Number is Not Acceptable	e)
JA	CKSONVILLE FL 32202		8:	3		
			8	1 - 1		FL 85 Zip Code
11. Pursuant office or ragent La					poration submits this statement for the pution's board of directors. I hereby accept	
	Signature, typed or printed name of requirement a		(NOTE Registered A	gent signature requi		DATE
12.	OFFICERS A	ND DIRECTORS DEL	13. ETE 1.1 TITLE		ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS IN 12 Change Addition
NAME	HANSON, KARL B. JR.		1.2 NAME			
STREET ADDRESS	50 N LAURA ST, S-2800 JACKSONVILLE FL	Pí		ET ADDRESS		
CITY+ST-ZIP TITLE	PST	DEL	1.4 CITY- ETE 2.1 TITLE		W. S. C.	Change Addition
NAME	HANSON, KARL B., JR.		22 NAMI			
STREET ADDRESS	50 N LAURA ST, S-2800		2 3 STRE	ET ADDRESS	28	* *
CITY-ST-ZIP	JACKSONVILLE FL		2. 4 CITY	-\$T-ZIP		
TITLE		DEL.	ETE 3.1 TITLE			Change Addition
NAME			3.2 NAME	:		
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP			3.4. CITY			Change Addition
TITLE		ואנון ויינו		i		Li Change Li Addition
NAME CZOCCY ADODECC			4 2 NAM			
STREET ADORESS CITY-ST-ZIP			4.3 STREE	ET ADDRESS		
TITLE	DELETE					Change Addition
NAME			5.2 NAME	ľ		
STREET ADDRESS				ET ADDRESS		
CITY - ST - ZIP			5.4 CITY			
TITLE		DELI				Change Addition
NAME			6.2 NAME			
STREET ADORESS			6.3 STRE	ET ADDRESS		
CITY-ST-ZIP			6.4 CITY-	ST-ZIP	Coston 110 07/0%) Florida Cialutas Lt.	

Indicated in this annual report or supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informatio 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.