

# FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JAN 17 AM 11:38

DOCUMENT # L99482

(6)

1. Corporation Name

HAND & ASSOCIATES, INC.

Principal Place of Business

Mailing Address

11105 SW 73RD AVE  
MIAMI FL 33156

11105 SW 73RD AVE  
MIAMI FL 33156

DO NOT WRITE IN THIS SPACE

|                                                                                                                                                                |                                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| 3. Date incorporated or Qualified<br>09/05/1990                                                                                                                | 3a. Date of Last Report<br>02/17/1994                  |
| 4. FEI Number<br>65-0214787                                                                                                                                    | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input type="checkbox"/>                                                                                                   | \$8.75 Additional Fee Required                         |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>                                                                             | \$5.00 May Be Added to Fees                            |
| 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                                                        |

|                                |                         |
|--------------------------------|-------------------------|
| 2. Principal Place of Business | 2a. Mailing Address     |
| 21. Suite, Apt. #, etc.        | 26. Suite, Apt. #, etc. |
| 22. City & State               | 27. City & State        |
| 23. Zip                        | 28. Zip                 |
| 24. Country                    | 29. Country             |
| 25. Country                    | 30. Country             |

9. Name and Address of Current Registered Agent

DARROW, KENNETH F.  
9130 S DADELAND BLVD SUITE 1209  
DATRAN CENTER  
MIAMI FL 33156

10. Name and Address of New Registered Agent

81. Name

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

83.

84. City

85. Zip Code

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 \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                      | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                   |
|----------------------------|----------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| 1. NAME                    | P<br>HAND, JAMES A.  | 1. NAME                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2. STREET ADDRESS          | 11105 SW 73RD AVENUE | 2. STREET ADDRESS                                     |                                                                   |
| 3. CITY, STATE, ZIP        | MIAMI, FL 33156      | 3. CITY, STATE, ZIP                                   |                                                                   |
| 4. NAME                    | S<br>HAND, JEAN K.   | 4. NAME                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5. STREET ADDRESS          | 11105 SW 73RD AVENUE | 5. STREET ADDRESS                                     |                                                                   |
| 6. CITY, STATE, ZIP        | MIAMI, FL 33156      | 6. CITY, STATE, ZIP                                   |                                                                   |
| 7. NAME                    |                      | 7. NAME                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 8. STREET ADDRESS          |                      | 8. STREET ADDRESS                                     |                                                                   |
| 9. CITY, STATE, ZIP        |                      | 9. CITY, STATE, ZIP                                   |                                                                   |
| 10. NAME                   |                      | 10. NAME                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 11. STREET ADDRESS         |                      | 11. STREET ADDRESS                                    |                                                                   |
| 12. CITY, STATE, ZIP       |                      | 12. CITY, STATE, ZIP                                  |                                                                   |
| 13. NAME                   |                      | 13. NAME                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 14. STREET ADDRESS         |                      | 14. STREET ADDRESS                                    |                                                                   |
| 15. CITY, STATE, ZIP       |                      | 15. CITY, STATE, ZIP                                  |                                                                   |
| 16. NAME                   |                      | 16. NAME                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 17. STREET ADDRESS         |                      | 17. STREET ADDRESS                                    |                                                                   |
| 18. CITY, STATE, ZIP       |                      | 18. CITY, STATE, ZIP                                  |                                                                   |

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and is true and correct, and that the corporation is in compliance with the provisions of Sections 13.01 and 13.02, Florida Statutes. I further certify that the information is included on the annual report or supplemental annual report as true and correct, and that my agent shall sign the same report after it is made under oath. That I am an officer or director of the corporation or have been empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on this report as the person who prepared or caused the report to be prepared with an address.

SIGNATURE: *James A. Hand*  
JAMES A. HAND  
1/11/95 305-661-1232