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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

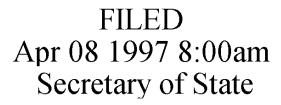
## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # M32751

(3)

## HANN ENTERPRISES, INC.





Principal Plac 4125 CLEVELAI FT. MYERS FL US		Mailing Address % ALBERT HANN 1433 CAUSEY CT. SANIBEL FL 33957-3642	% ALBERT HANN 1433 Causey Ct.			-				
						3. Date Incorporated or Qualified 05/28/1986	3a. Date 04/23	of Last R /1996	eport	
2. Principal f	lace of Business	28. Mailing Address	, , , , , , , , , , , , , , , , , , ,			4, FEI Number 59-2682320	*····	·	plied For ot Applicable	
Surte, Apt	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & Stat	te	City & State	<del>                                     </del>			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip <b>24</b>	Country 25	Zip 29	Country 30	У			Yes 🔲	No	199.032,	
	g. Name and Address of Cui	rent Registered Agent				10. Name and Address of New Reg	istered Ag	ent		
HAN	in, albert		81		Name					
1433   10	B CAUSEY CT.		82	+	Street Addre	ss (P.O. Box Number is Not Acceptable	e)			
SAN	IBEL FL 33957		83	Ţ						
			84	ľ	City		FL	<b>85</b> Zip (	Code	
agent Ta SIGNATURE	Signature type to printed name of registers	agem and tile if applicable (NC AND DIRECTORS				oration submits this statement for the pon's board of directors. I hereby accept dwhen reinstating)  ADDITIONS/CHANGES TO OFFIC	DATE			
TITLE			1.1 TITLE	1.1 T(TLE				Change	Addition	
NAME	HANN, ALBERT C.		1.2 NAME		ļ					
STREET ADDRESS	1433 CAUSEY CT.		1.3 STREE	T A	ADDRESS					
CITY - \$1 - 7/2	SANIBEL FL	☐ DELETE	1.4 CITY-	ST-	- ZIP			Change	Addition	
TITLE NAMÉ		בין טבננוג	2.1 TITLE 2.2 NAME		}		L.	7 CHAING	Line Property	
STREET ADORESS			2.3 STREE		ADDRESS					
CHTY-ST-7IP			2. 4 CITY-		ì					
1)FLE		DELETE	3.1 TITLE	_				Change	Addition	
NAME			3.2 NAME							
STREET ADDRESS			3.3 STREE							
CHY-S1-ZIP		DELETE	3.4. CITY- 4.1 TITLE	ST	T-ZIP		<u>-</u>	Change	Addition	
TITCE NAME		F	4 1 IIILE 4 2 NAMI		}			# Outube	Liounion	
STREET ADDRESS			4.3 STREE		ADDRESS					
CHY-\$1-ZIF			4.4 CITY -			_				
TITLE		☐ DELETE	5.1 TITLE				L	Change	Addition	
NAME			5.2 NAME		-					
STHEFT ADDRESS			5.3 STAES	TA	address					
C-TY - S1 - ZIP		Dict	5.4 CITY-	ST-	- ZiP			Change	Addition	
TITLE		DELETE	6.1 TITLE				L	_ Change	Addition	
NAMÉ Object Annoced			6.2 NAME 6.3 STREE		ADDRECE					
STREET ADDRESS					i					
CITY-SI-7iF	1.,		6.4 CiTY-	١٠.	- LIF				<del></del>	

14. I do hereby certify that the information supplied with this filling 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 proporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Flock 12 or pitol kind it examped, or our an attachment with an address. appears in Block 12 or