


AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

19.

**FILED**  
**Aug 09, 1999 8:00 am**  
**Secretary of State**

08-09-1999 90007 033 \*\*\*550.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # M58401</b> 1. Corporation Name <b>HANLON/FORD ENTERPRISES, INC.</b>					
Principal Place of Business 700 SOUTH OCEAN BLVD SUITE 504 BOCA RATON FL 33432 US			Mailing Address 700 SOUTH OCEAN BLVD SUITE 504 BOCA RATON FL 33432 US		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24			2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		
9. Name and Address of Current Registered Agent <b>HOGAN, GARLAND</b> <b>852 N.E. 20TH AVENUE</b> <b>FT. LAUDERDALE FL 33304</b>			10. Name and Address of New Registered Agent 81 Name <b>ROGER L. SHAFFER</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>2301 CORPORATE BOULEVARD NW, SUITE 105</b> 83 <del>BOCA RATON</del> 84 City <b>BOCA RATON</b> , FL 85 Zip Code <b>33431</b>		
11. Pursuant to the provisions of sections 607.001 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 607.0045, Florida Statutes. SIGNATURE <i>Roger L. Shaffer</i> <b>ROGER L. SHAFFER</b> DATE <b>8-20-99</b> <small>(Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>					
12. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-STATE-ZIP 1. <b>PST HANLON, MARGUERITE M 700 S OCEAN DR, #504 BOCA RATON FL</b> <input type="checkbox"/> DELETE 2. <input type="checkbox"/> DELETE 3. <input type="checkbox"/> DELETE 4. <input type="checkbox"/> DELETE 5. <input type="checkbox"/> DELETE 6. <input type="checkbox"/> DELETE			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-STATE-ZIP 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-STATE-ZIP 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-STATE-ZIP 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-STATE-ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-STATE-ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-STATE-ZIP		
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.					
SIGNATURE: <i>Marguerite M. Hanlon</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>MARGUERITE M. HANLON</b>			8/14/99 (561) 392-9830 Date Daytime Phone #		

609106 - 90011 - 34



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/01/1987

4. FEI Number

65-0053953

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐

\$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property. ☐ Yes ☒ No

CR2E034 (5/99)