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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M65813

Corporation JOE HAN	NNA ENTERPRISES, INC.	,					
Principal Place	e of Business	Mailing Address			T (BELLADII (IN BIIDI BIIDI BELDI IIBDE IIII BID	41 81811 2 1811 81811 94	(811 81811 1881
907 NW 7 STREET 907 NW 7TH ST							
BOYNTON BEACH FL 33426 US BOYNTON BEACH FL 33426 US			•		. DO NOT WRITE IN THIS SPACE		
00					Date Incorporated or Qualifed 01/26/1988		
2. Principal Pl	lace of Business	2a, Mailing Address			4. FEI Number	App	plied For
21		26			65-0028726	Not	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A	
22		27			5. Cermone of Grands Desired	Fee Rec	quired
City & State	e	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 i Added to	
Zip	Country	Zip	Country		8. This corporation owes the current year	Intangible	
24	25	29	30		Personal Property Tax.		□No
	9. Name and Address of Curren	nt Registered Agent			10. Name and Address of New Registers	ed Agent	
	ALA LOCEDIA WAYNE		81	Name			
HANNA, JOSEPH WAYNE 907 NW 7TH ST			82	Street Add	Iress (P.O. Box Number is Not Acceptable)		
BOY	NTON BEACH FL 33426		83		- IAI-V - I'M I'II I		
			84	City	F	85 Zip C	Code
office or re	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was au	ithorized by	the corporati	poration submits this statement for the purpose ion's board of directors. I hereby accept the app	pointment as rég	gistered
SIGNATURE	Signature food of printed name of registered ager	Joseph Joseph			ed when reinstating) DATE	1/23/99	!
SIGNATURE	Signature speed printed name of registered ager	Joseph Joseph			ed when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	
SIGNATURE	Signature speed printed name of registered ager	nt and title if applicable. (NOTE:	Registered Ager				RS IN 12
SIGNATURE	Signature flee printed name of registered eger OFFICERS AN PSD HANNA, JOSEPH WAYNE	nt and title if applicable. (NOTE:	Registered Ager			AND DIRECTO	
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CITY-ST-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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

Daytime Phone #