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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

M74566

(4)

FILED
Mar 25 1998 8:00am
Secretary of State

Principal Pla 1515 UNIV SUTIE 214	TIN J. HANNA, P.A. ICO OF BUSINESS JERSITY DRIVE	Mailing Address 1515 UNIVERSITY DRIV SUTIE 214 CORAL SPRINGS FL 33 US	_	DO NOT WRITE IN THI	
				03/30/1988	
2. Principal	Place of Business	2a. Mailing Address		4, FEI Number	Applied For
21		26	<u></u>	65-0040477	Not Applicable
Suite, Apt		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Sta	ale	City & State		6. Election Campaign Financing  Trust Fund Contribution	\$5.00 May Be
<b>23</b> Zip <b>24</b>	Country 25	Zip 29	Country 30	8. This corporation owes or has paid the o	Added to Fees current year Intangible Yes  No
241	g. Name and Address of Curre		30	10. Name and Address of New Registere	•
8	Hanna, Martin J. 2521 NW 107TH AVE. Coral Springs FL 33065		81 Name  82 Street Addr  83 City	ess (P.O. Box Number is Not Acceptable)	85 Zip Code
11. Pursuant office or agent. I.			es, the above-named corp nuthorized by the corporati rida Statutes.	oration submits this statement for the purpose ion's board of directors. I hereby accept the a	
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS	HANNA, MARTIN J. 2521 NW 107TH AVE. CORAL SPRINGS FL		1.2 NAME 1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	OUTUL OF MINOUTE	☐ DELETE	1.4 CITY - ST - ZIP 2.1 TITLE		Change Addition
NAME			2.2 NAME		• -
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2 4 CITY-ST-ZIP		
TITLE		☐ DELETE	3 1 TITLE		Change Addition
NAME			3 2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		☐ DELET <b>E</b>	3.4. C-TY-ST-ZIP 4.1 TITLE		Change Addition
NAME	1		4. 2 NAME		•
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4 4 60704 67 706		
	<u> </u>		4.4 CITY - ST - ZIP		
TITLE		☐ DELET <b>E</b>	5.1 TITLE		Change Addition
TITLE NAME		DELETÉ	<del>-</del>		Change Addition
		DELETE	5.1 TITLE		Change Addition
NAME STREET ADDRESS CITY-ST-ZIP			5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
NAME STREET ADDRESS CITY-ST-ZIP TITLE		☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME		
NAME STREET ADDRESS CITY-ST-ZIP TITLE			5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE		

4. 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 eath; 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 changing for on an attachment with an address.

7/2 las

964-765-1123