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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M96038

HANNAMAN, INC.

Principal Plac	e of Business	Mailing Address				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
105 87 AVE N 105 87 AVE N				· , · · ·					
ST PETE FL 33702 ST PETE FL 33702				DO NOT WRITE I		E IN THIS S	SPACE		
U\$ U\$					3. Date Incorporated or Qualifed				
	•				08/26/1988				
2 Principal D	lace of Business	2a. Mailing Address			4. FEI Number	w-	Ap	plied For	
z. Fillicipal F	iace of business	26			59-2908003		<u> </u>	t Applicable	
Suite, Apt.	# etc	Suite, Apt. #, etc.		 -			\$8.75		
22	.,, 4.2	27			5. Certifcate of Status Desired		Fee Re	quired	
City & Stat		City & State			6. Election Campaign Financing		\$5.00	May Be	==
23	•	28			Trust Fund Contribution		Added 1	· ·	
Zip	Country	Zip	Cour	ıtry	8. This corporation owes the curre	nt year Inta	ngible		
24	25	29	30		Personal Property Tax.		Yes	■No	
1	9. Name and Address of Curr				10. Name and Address of New Ro	egistered A	gent		
				81 Name					
	INAMAN, KATHLEEN		}	82 Street Add	iress (P.O. Box Number is Not Acceptat	ole)			
	87 AVE N		-	oli coli rida					
ST F	PETE FL 33702			83			-		
				84 Oits		• •	85 Zip (- ode	
				84 City		FL	P2 E-15 (30 0 0	
			Ilonida Statu	too			tment as re		
agent. I a	am familiar with, and accept the oblig	gations of, Section 607.0505, f	TE: Registered	tes. Agent signature requir	red when reinstating)	DATE			(00)
agent. I a SIGNATURE 12.	Signature, typed or printed name of registered a	gations of, Section 607.0505, figent and title if applicable. (NO AND DIRECTORS	OTE: Registered	tes. Agent signature requir		DATE			11(00)
agent. I a SIGNATURE 12. TITLE	Signature, typed or printed name of registered a OFFICERS A	gations of, Section 607.0505, f	DTE: Registered / 13.	tes. Agent signature requir	red when reinstating)	DATE	DIRECTO	PRS IN 12	4 /44/00)
agent. I a SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered a OFFICERS A V HANNAMAN, TRACY	gations of, Section 607.0505, figent and title if applicable. (NO AND DIRECTORS	DTE: Registered / 13. 1.1 TITI 1.2 NAI	tes. Agent signature requir LE	red when reinstating)	DATE	DIRECTO	PRS IN 12	(44/00)
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS	OFFICERS A V HANNAMAN, TRACY 105 87 AVE N	gations of, Section 607.0505, figent and title if applicable. (NO AND DIRECTORS	TE: Registered / 13. 1.1 TITI 1.2 NAI	Agent signature requir	red when reinstating)	DATE	DIRECTO	PRS IN 12	(90/14/700)
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered a OFFICERS A V HANNAMAN, TRACY 105 87 AVE N ST PETE FL 33702	gations of, Section 607.0505, figent and title if applicable. (NO AND DIRECTORS	TE: Registered / 13. 1.1 TITI 1.2 NAI 1.3 STI 1.4 CIT	Agent signature requir LE ME REET ADDRESS Y- ST- ZIP	red when reinstating)	DATE	DIRECTO	PRS IN 12	00001004 744000
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered a OFFICERS A V HANNAMAN, TRACY 105 87 AVE N ST PETE FL 33702 PS	gations of, Section 607.0505, figent and title if applicable. (NCAND DIRECTORS	TE: Registered / 13. 1.1 TITI 1.2 NAI 1.3 STI 1.4 CIT 2.1 TITI	Agent signature requir LE ME REET ADDRESS Y- ST- ZIP LE	red when reinstating)	DATE	DIRECTO	PRS IN 12	CD2E034 (11/08)
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS A V HANNAMAN, TRACY 105 87 AVE N ST PETE FL 33702 PS HANNAMAN, ROY F.	gations of, Section 607.0505, figent and title if applicable. (NCAND DIRECTORS	13. 1.1 TITI 1.2 NAI 1.3 STT 1.4 CIT 2.2 NAI	Agent signature requir LE ME REET ADDRESS Y- ST- ZIP LE ME	red when reinstating)	DATE	DIRECTO	PRS IN 12	0001004 (44/08)
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS A V HANNAMAN, TRACY 105 87 AVE N ST PETE FL 33702 PS HANNAMAN, ROY F. 105 87 AVE N	gations of, Section 607.0505, figent and title if applicable. (NCAND DIRECTORS	13. 1.1 IIII 12 NAI 1.3 STF 1.4 CIT 2.1 IIII 2.2 NAI 2.3 STF	Agent signature requir	red when reinstating)	DATE	DIRECTO	PRS IN 12	CD2E024 (41/08)
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS A V HANNAMAN, TRACY 105 87 AVE N ST PETE FL 33702 PS HANNAMAN, ROY F.	gations of, Section 607.0505, figent and title if applicable. (NCAND DIRECTORS	13. 1.1 IIII 12 NAI 1.3 STF 1.4 CIT 2.1 IIII 2.2 NAI 2.3 STF	Agent signature requir LE ME REET ADDRESS Y- ST- ZIP LE ME REET ADDRESS IY- ST- ZIP	red when reinstating)	DATE	DIRECTO	PRS IN 12	(00)11/00/100/
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS A V HANNAMAN, TRACY 105 87 AVE N ST PETE FL 33702 PS HANNAMAN, ROY F. 105 87 AVE N	gations of, Section 607.0505, figent and title if applicable. (NCAND DIRECTORS DELETE	TE: Registered / 13. 1.1 TITI 1.2 NAI 1.3 STF 1.4 CIT 2.2 NAI 2.3 STF 2.4 CIT 2.4 CIT 2.4 CIT 2.5 NAI 2.5 STF 2.7 CIT	Agent signature requir LE ME REET ADDRESS Y- ST- ZIP LE ME REET ADDRESS TY- ST- ZIP LE	red when reinstating)	DATE	D DIRECTO	RS IN 12 Addition	0001001 (11/00)
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	V HANNAMAN, TRACY 105 87 AVE N ST PETE FL 33702 PS HANNAMAN, ROY F. 105 87 AVE N ST PETE FL 33702	gations of, Section 607.0505, figent and title if applicable. (NCAND DIRECTORS DELETE	13. 1.1 IIII 1.2 NAI 1.3 STI 1.4 CII 2.2 NAI 2.3 STI 2. 4 CI 3.1 IIII 3.2 NAI	Agent signature requir LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS	red when reinstating)	DATE	D DIRECTO	RS IN 12 Addition	000000111108
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	V HANNAMAN, TRACY 105 87 AVE N ST PETE FL 33702 PS HANNAMAN, ROY F. 105 87 AVE N ST PETE FL 33702	gations of, Section 607.0505, figent and title if applicable. (NCAND DIRECTORS DELETE	13. 1.1 IIII 12 NAI 1.3 STI 2.1 IIII 2.2 NAI 2.3 STI 2.4 CII 3.1 IIII 3.2 NAI 3.3 STI 3.3 STI	Agent signature requir LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS REET ADDRESS	red when reinstating)	DATE	D DIRECTO	RS IN 12 Addition	CD2E024 (11(08)
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HANNAMAN, TRACY 105 87 AVE N ST PETE FL 33702 PS HANNAMAN, ROY F. 105 87 AVE N ST PETE FL 33702	gations of, Section 607.0505, figent and title if applicable. (NCAND DIRECTORS DELETE	13. 1.1 IIII 12 NAI 1.3 STI 2.1 IIII 2.2 NAI 2.3 STI 2.4 CII 3.1 IIII 3.2 NAI 3.3 STI 3.3 STI	Agent signature requir LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP REET ADDRESS	red when reinstating)	DATE	D DIRECTO	RS IN 12 Addition	CD2E034 (11(08)
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	V HANNAMAN, TRACY 105 87 AVE N ST PETE FL 33702 PS HANNAMAN, ROY F. 105 87 AVE N ST PETE FL 33702	gations of, Section 607.0505, figent and title if applicable. (NCAND DIRECTORS DELETE	13. 1.1 IIII 12 NAI 13 STI 14 CII 22 NAI 23 STI 2.4 CI 3.1 IIII 32 NAI 33 STI 34 CII 4.1 IIII 4.1 IIII	Agent signature requir LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE REET ADDRESS IY-ST-ZIP LE REET ADDRESS IY-ST-ZIP LE REET ADDRESS	red when reinstating)	DATE	D DIRECTO Change Change	Addition Addition	OD3E034 (11/08)
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	V HANNAMAN, TRACY 105 87 AVE N ST PETE FL 33702 PS HANNAMAN, ROY F. 105 87 AVE N ST PETE FL 33702	gations of, Section 607.0505, figent and title if applicable. (NCAND DIRECTORS DELETE	13. 1.1 TITI 1.2 NAI 1.3 STI 1.4 CIT 2.1 TITI 2.2 NAI 2.3 STI 2.4 CIT 3.1 TITI 3.2 NAI 3.3 STI 3.4 CIT 4.1 TITI 4.2 NAI 4.2 NA	Agent signature requir LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS	red when reinstating)	DATE	D DIRECTO Change Change	Addition Addition	OD9E034 (41(08)
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	V HANNAMAN, TRACY 105 87 AVE N ST PETE FL 33702 PS HANNAMAN, ROY F. 105 87 AVE N ST PETE FL 33702	gations of, Section 607.0505, figent and title if applicable. (NCAND DIRECTORS DELETE	13. 1.1 TITI 1.2 NAI 1.3 STI 1.4 CIT 2.1 TITI 2.2 NAI 2.3 STI 2.4 CIT 3.1 TITI 3.2 NAI 3.3 STI 3.4 CIT 4.1 TITI 4.2 NAI 4.3 STI 4.3 STI 4.3 STI 4.3 STI 4.3 STI 4.3 STI	Agent signature requir LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS ME REET ADDRESS	red when reinstating)	DATE	D DIRECTO Change Change	Addition Addition	ODOE004 (44/00)
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HANNAMAN, TRACY 105 87 AVE N ST PETE FL 33702 PS HANNAMAN, ROY F. 105 87 AVE N ST PETE FL 33702	gations of, Section 607.0505, figent and title if applicable. (NCAND DIRECTORS DELETE	13. 1.1 TITI 1.2 NAI 1.3 STI 1.4 CIT 2.1 TITI 2.2 NAI 2.3 STI 2.4 CIT 3.1 TITI 3.2 NAI 3.3 STI 3.4 CIT 4.1 TITI 4.2 NAI 4.3 STI 4.3 STI 4.3 STI 4.3 STI 4.3 STI 4.3 STI	Agent signature requirements LE ME ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS	red when reinstating)	DATE	D DIRECTO Change Change	Addition Addition	(001010)
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE ,	V HANNAMAN, TRACY 105 87 AVE N ST PETE FL 33702 PS HANNAMAN, ROY F. 105 87 AVE N ST PETE FL 33702	gations of, Section 607.0505, figerit and title if applicable. (NCAND DIRECTORS DELETE	13. 1.1 TITI 1.2 NAI 1.3 STI 2.1 TITI 2.2 NAI 2.3 STI 2.4 CIT 3.2 NAI 3.3 STI 3.4 CIT 4.1 TITI 4.2 NAI 4.3 STI 4.4 CIT 4.4 CIT 4.4 CIT 4.4 CIT	Agent signature requirements LE ME ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE	red when reinstating)	DATE	D DIRECTO Change Change	RS IN 12 Addition Addition	(11/08)
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	V HANNAMAN, TRACY 105 87 AVE N ST PETE FL 33702 PS HANNAMAN, ROY F. 105 87 AVE N ST PETE FL 33702	gations of, Section 607.0505, figerit and title if applicable. (NCAND DIRECTORS DELETE	13. 1.1 TITI 1.2 NAI 1.3 STI 1.4 CIT 2.1 TITI 2.2 NAI 2.3 STI 2.4 CIT 3.1 TITI 3.2 NAI 3.3 STI 4.4 CIT 4.2 NAI 4.3 STI 4.5 TITI 5.2 NAI 6.5 TITI 5.2 NAI	Agent signature requirements LE ME ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE	red when reinstating)	DATE	D DIRECTO Change Change	RS IN 12 Addition Addition	(14/08)
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	V HANNAMAN, TRACY 105 87 AVE N ST PETE FL 33702 PS HANNAMAN, ROY F. 105 87 AVE N ST PETE FL 33702	gations of, Section 607.0505, figerit and title if applicable. (NCAND DIRECTORS DELETE	13. 1.1 TITI 1.2 NAI 1.3 STI 1.4 CIT 2.1 TITI 2.2 NAI 2.3 STI 2.4 CIT 3.1 TITI 4.2 NAI 4.3 STI 4.1 TITI 4.2 NAI 4.3 STI 4.1 TITI 4.2 NAI 4.3 STI 4.4 CIT 5.1 TIT 5.2 NAI 5.3 STI	Agent signature requir LE ME ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS Y-ST-ZIP LE ME	red when reinstating)	DATE	D DIRECTO Change Change	RS IN 12 Addition Addition	(11/08)
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	V HANNAMAN, TRACY 105 87 AVE N ST PETE FL 33702 PS HANNAMAN, ROY F. 105 87 AVE N ST PETE FL 33702	gations of, Section 607.0505, figerit and title if applicable. (NCAND DIRECTORS DELETE	13. 1.1 TITI 1.2 NAI 1.3 STI 1.4 CIT 2.1 TITI 2.2 NAI 2.3 STI 2.4 CIT 3.1 TITI 4.2 NAI 4.3 STI 4.1 TITI 4.2 NAI 4.3 STI 4.1 TITI 4.2 NAI 4.3 STI 4.4 CIT 5.1 TIT 5.2 NAI 5.3 STI	Agent signature requirements LE ME ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS	red when reinstating)	DATE	D DIRECTO Change Change	RS IN 12 Addition Addition	(14100)

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90186 035 ***150.00