FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 15 PM 3:16

DOCUMENT # N22393 (5)

1. Corporation Name
HAND IN HAND OF FLORIDA, INC.

Principal Place of Business	Mailing Address
C/O GOTTLIEB & GOTTLIEB 2475 ENTERPRISE RD., SUITE 100 CLEARWATER FL 34623	C/O GOTTLIEB & GOTTLIEB 2475 ENTERPRISE RD., SUITE 100 CLEARWATER FL 34623

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/08/1987
3a. Date of Last Report: 07/20/1994
4. FEI Number: 31-1224078 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

~~GOTTLIEB, JERRY~~
2475 ENTERPRISE ROAD, #100
SUITE 204
CLEARWATER FL 34623

10. Name and Address of New Registered Agent

81 Name: GOTTLIEB & GOTTLIEB, P.A.
82 Street Address (P.O. Box Number is Not Acceptable): SAME
83: SAME
84 City: SAME FL 85 Zip Code:

11. Pursuant to the provisions of Sections 607.0502 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 607.0505, Florida Statutes.

SIGNATURE: JERRY GOTTLIEB, DIRECTOR DATE: 2/10/95
Signature, name or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	OPATICH, RONALD S.	1.2 NAME	
STREET ADDRESS	12995 S. CLEVELAND AVE., #1050	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	FORD, LINDA	2.2 NAME	
STREET ADDRESS	2290 BLUE VALLEY RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	LANCASTER OH	2.4 CITY-ST-ZIP	
TITLE	DO	3.1 TITLE	☐ Change ☐ Addition
NAME	WHITE, RON	3.2 NAME	
STREET ADDRESS	6135 DILEY RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	CANAL WINCHESTER OH	3.4 CITY-ST-ZIP	
TITLE	DO	4.1 TITLE	☐ Change ☐ Addition
NAME	GOTTLIEB, JERRY	4.2 NAME	
STREET ADDRESS	2475 ENTERPRISE RD., SUITE 100	4.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or added in the attachment with no address.

SIGNATURE: JERRY GOTTLIEB 2/10/95 (813) 791-1977
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone Number

0066870