

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N94000001942 (1)

1. Corporation Name

HEAR MY HANDS INCORPORATED



Principal Place of Business

P.O. BOX 10914
RIVIERA BEACH FL 33419-0914

Mailing Address

P.O. BOX 10914
RIVIERA BEACH FL 33419-0914

3. Date Incorporated or Qualified

04/15/1994

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

4. FEI Number

65-0491604

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☒

No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Suzie Vigon - Suzie Vigon - President

Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

3/2/96

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DP

VIGON, SUZIE
1071 BIMINI LANE
SINGER ISLAND FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DS

COFFIN, LINDA
109 A-2 HALFMOON CIRCLE
HYPOLOUXO FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DV

PELSER, ROGER
2605 112TH CT. NORTH
PALM BEACH GARDENS FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DT

MORELLI, MICHELLE
3512 WESTMINSTER DR.
GREENACRES FL

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D

LYONS, CHRISTINE
175 CAPE POINTE CR.
JUPITER FL 33477

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

Kat Litrenta

8532 Little Beth Dr.
Boynton Beach, FL 33434

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☒ Addition

☐ Change ☐ Addition

SIGNATURE:

Suzie Vigon - Suzie Vigon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

3/3/96

Daytime Phone #

404
845 7074

CR2E037 (12/95)