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Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

Mailing Address

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

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

3. Date Incorporated or Qualified

04/15/1994

4. FEI Number

65-0491604

Applied For

Not Applicable

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

10. Name and Address of New Registered Agent

VIGON, SUZIE

~~6301 CONROY RD~~

~~APT 4000~~

~~ORLANDO FL 32835~~

6217 Westgate Dr  
Apt. 813  
Orlando, FL 32835

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP  
NAME VIGON, SUZIE  
STREET ADDRESS ~~6301 CONROY RD, APT 4000~~  
CITY-ST-ZIP ~~ORLANDO FL~~  
6217 Westgate Dr  
Apt 813  
Orlando, FL 32835

TITLE DS  
NAME COFFIN, LINDA  
STREET ADDRESS 109 A-2 HALFMOON CIRCLE  
CITY-ST-ZIP HYPOLOUXO FL

TITLE D  
NAME LYONS, CHRISTINE  
STREET ADDRESS 175 CAPE POINTE CR.  
CITY-ST-ZIP JUPITER FL 33477

TITLE DVP  
NAME LITRENTA, KATHERINE  
STREET ADDRESS 8332 LITTLE BERK DR E  
CITY-ST-ZIP BEYNTON BEACH FL

TITLE D  
NAME PEARSON, CHERYLYN  
STREET ADDRESS 2103 21ST LN  
CITY-ST-ZIP PALM BEACH GARDENS FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: SIGNATURE REQUIRED

March 31/98 H055213285

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