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Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000001942

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



2. Principal Place of Business 21 1071 Bimini Lane Suite, Apt. #, etc.		2a. Mailing Address 26 1071 Bimini Lane Suite, Apt. #, etc.		3. Date Incorporated or Qualified 04/15/1994	
22		27		4. FEI Number 65-0491604 Applied For Not Applicable	
23 City & State Singer Island, FL Zip Country		28 City & State Singer Island, FL Zip Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 33404 25 PR		29 33404 30 PR		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

VIGON, SUZIE
6217 WESTGATE DR
APT 813
ORLANDO FL 32835

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VIGON, SUZIE	1.2 NAME	
STREET ADDRESS	6217 WESTGATE DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32835	1.4 CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COFFIN, LINDA	2.2 NAME	
STREET ADDRESS	109 A-2 HALFMOON CIRCLE	2.3 STREET ADDRESS	
CITY-ST-ZIP	HYPOLUXO FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LYONS, CHRISTINE	3.2 NAME	
STREET ADDRESS	175 CAPE POINTE CR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL 33477	3.4 CITY-ST-ZIP	
TITLE	DVP <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LITRENTA, KATHERINE	4.2 NAME	
STREET ADDRESS	8332 LITTLE BERK DR E	4.3 STREET ADDRESS	
CITY-ST-ZIP	BEYNTON BEACH FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEARSON, CHERYLYN	5.2 NAME	
STREET ADDRESS	2103 21ST LN	5.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: X

SIGNATURE REQUIRED

Suzie Vigon 2/20/99 407 5219696

Date

Daytime Phone #

CR2E037 (11/98)