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**Feb 09 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # N97000001920 (4)

1. Corporation Name
J. HANS ENTERPRISES CORP.



Principal Place of Business: **8830 S.W. 200TH CIRCLE DUNNELLON FL 34431**
Mailing Address: **8830 S.W. 200TH CIRCLE DUNNELLON FL 34431**

3. Date Incorporated or Qualified: **04/04/1997**
4. FEI Number: **59-3443690**
Applied For: Not Applicable:

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

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. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
**HANS, JOSEPH F
8830 S.W. 200TH CIRCLE
DUNNELLON FL 34431**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT	1.1 TITLE	DIRECTOR
NAME	HANS, JOSEPH J	1.2 NAME	HANS, JOSEPH J.
STREET ADDRESS	8830 S.W. 200TH CIRCLE	1.3 STREET ADDRESS	8830 SW 200th CIRCLE
CITY-ST-ZIP	DUNNELLON FL 34431	1.4 CITY-ST-ZIP	DUNNELLON, FL. 34431
TITLE	VS	2.1 TITLE	DIRECTOR
NAME	HANS, JOANNE H	2.2 NAME	HANS, JOANNE H.
STREET ADDRESS	8830 S.W. 200TH CIRCLE	2.3 STREET ADDRESS	8830 SW 200th CIRCLE
CITY-ST-ZIP	DUNNELLON FL 34431	2.4 CITY-ST-ZIP	DUNNELLON, FL. 34431
TITLE		3.1 TITLE	DIRECTOR
NAME		3.2 NAME	HANS, JOSEPH F.
STREET ADDRESS		3.3 STREET ADDRESS	8830 SW 200th CIRCLE
CITY-ST-ZIP		3.4 CITY-ST-ZIP	DUNNELLON, FL. 34431
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	\$ BANK
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.

SIGNATURE _____ DATE _____

CP2E037 (10/97)