FILED 2000 UNIFORM BUSINESS REPORTS(UBR) Jul 19, 2000 8:00 am Secretary of State DOCUMENT-# N9960000 2735 Frank & Betty HannoR, ministres inc 06-08-2000 90034 038 ****61.25 Principal Place of Business Mailir 34/0 NW 6 STREE F.J. Landerdale FIR 33311 3410 NW 6 DF 7+ 2 aul 419 33311 3. Mailing Address Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #. etc. 4. FEJ Number 9 2 2 0 7 (Applied For City & State City & State Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent BeHX, Hannor Name 3410 KIW 6 4 St Street Address (P.O. Box Number is Not Acceptable). Kaud 414 33311 City Zip Code FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable Make Check Payable to 9. Election Campaign Financing FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS ☐ Addition TITLE Delete TITLE ☐ Change NAME annor. Frank. L 3311 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Hannor Betty Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY, ST. 7IP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-SY-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. 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 report or supplemental 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 pame appears in Block 10 or Block 11 if channel, or op an attachment with an address, with all other like empowered. SIGNATURE:

DEIETE-(1) OfficER

200	O UNIFORM BUS	INESS REP	ORT (ÜE	BR)	ANNETTE	- In.	ــر ر م	
DOCUMEN # N9900002735					ANNETTE	CAM (_46	
1 '	K & BETTY HANNOR MINISTE	HES, INC.			,		i	
Principal PI	ace of Business	Mailing Address		A-	4achmen	1-		
3410 NW 6TH ST. FT. LAUDERDALE FL 33311		3410 NW 6TH ST. FT. LAUDERDALE FL 33311		411	308470			
Principal Place of Business		3. Mailing Address			5- j	and the control of the		
Suite, Apt #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State		4. FEI Nu	mber		Applied For	
Zip	Country	Zip	Country	5. Certific	ate of Status Desired	\$8.75 A		
	6. Name and Address of Current		7. Name a	and Address of New Regist	Fee Requi	ired		
HANNOR	n perry	Name						
HANNOR, BETTY 3410 NW 6TH ST.			Street	Street Address (P.O. Box Number is Not Acceptable)				
FT. LAUDERDALE FL 33311			City					
The above named entity submits this statement for the purpose of changing its r			'	Zip Code				
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable (NOTE	E: Registered Agent signa	ature required when reinstating)	D	ATE		
After Sep	FILE NOW: FEE IS \$61,25 tember 13, 2000 min. will be \$23	9. Election Camp Trust Fund Co			.00 May Be Make Check Payable to Department of State			
10.	OFFICERS AND DIR		11.	ADDITIONS/C	L CHANGES TO OFFICERS AN	D DIRECTORS II	N 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HANNOR, FRANK L 3410 NW 6TH ST. FT. LAUDERDALE FL 33311	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LACUE, ANNETTE 3410 NW 6TH ST. FT. LAUDERDALE FL 33311	Delete	THILE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
NAME STREET ADDRESS CIFY-ST-ZIP	HANNOR, BETTY 3410 NW 6TH ST. FT. LAUDERDALE FL 33311	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ستيد عيامت جر سيء ـ	- حاد المحاد	☐ Change	Addition	
TITLE FLAME STREET ADDRESS CHTY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
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NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADORESS CITY-ST-ZIP			☐ Change	Addition	

12. Thereby 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 report or supplemental 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 changed, or on an attachment with an address, with all other like empowered.