## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

**DOCUMENT #**1. Corporation Name P93000012677 (9) HANLEY-KAHN TWO, INC. Principal Place of Business Mailing Address 737 LINCOLN RD. 737 LINCOLN RD. DO NOT WRITE IN THIS SPACE MIAMI BEACH FL 33139 MIAMI BEACH FL 33139 3. Date Incorporated or Qualified 02/18/1993 2. Principal Place of Business 2a. Mailing Address Applied For 65-0396819 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Country Zip Zin Country 8. This corporation owes or has paid the current year Intangible 24 30 Personal Property Tax due June 30. Yes 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent HANLEY, RICHARD 11 ISLAND AVE, #1009 82 Street Address (P.O. Box Number is Not Acceptable) MAMI BEACH FL 33139 City Zip Code 11. Pursuant to the provisions of Soctions 607.0502 and 607.1508, 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 607.0505, Florida Statutes. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change TITLE 1.1 TITLE Addition NAME HANLEY, RICHARD 1.2 NAME STREET ADDRESS 11 ISLAND AVE., #1009 1.3 STREET ADDRESS MIAMI BEACH FL 33139 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change TOLE 2.1 TITLE Addition NAME KAHN, PAUL S 2.2 NAME 9 Island Ave #2204 Miami Beach El 23 5211 MAGGIORE ST. STREET ADDRESS 2.3 STREET ADDRESS **CORAL GABLES FL 33146** CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE 3.1 TITLE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition KAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition

4. 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 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

6.3 STREET ADDRESS

6.4 CiTY-ST-ZiP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

3 30 98

305 538 8373

**FILED** 

Apr 13 1998 8:00am

Secretary of State