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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT

HANLON	i & ASSC	CIATES, INC.				:			
						:		A LERGICE: AND LONG COUNT COURT REVIEWED AND CHAIR CHAIR CHAIR COUNTY	
Delevate at Disas	(D								
Principal Place of Business				Mailing Address				* 100 (100 (100 (100 (100 (100 (100 (100	
2671 NW 112TH CORAL SPRING				1 NW 112TH A\ RAL SPRINGS F		9			
·								3. Date Incorporated or Qualified	
2. Principal Place of Business			2a. Mailing Address			:		4. FEI Number Applied For	
21			26					65-0433659 Not Applicab	le
Suite, Apt. #, etc.			Suite, Apt. #, etc.					5. Certificate of Status Desired S8.75 Additional	
22) City & State			27	City & State		-	 	Fee Required	
231			28			i		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Facces	
Zip		Country		Zip	T	Country		This corporation has liability for intangible tax under s. 199.032.	
24		25	29		30			Florida Statutes Yes No	
9, Name and Address of Current				ered Agent				10. Name and Address of New Registered Agent	
	LON, MER					81	Name		
= 2671 NW 112TH AVE						82	Street A	oddress (P.O. Box Number is Not Acceptable)	\dashv
COR	al Spring	3\$ FL 33065							
1						B3			
						84	City	FL 85 Zip Code	ㅓ
11. Pursuant t	lo the provis	ions of Sections 607 0502	2 and 60	7 1508. Elorida	Statutes t	he above	e-named c		_
office or re	egistered ag	ent, or both, in the State	of Florid	a. Such change	e was autho	rized by	the corpo	corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered	1
	rri iamililar wi	itri, and accept toe obliga	itions of,	Section 607.0:	505, Fiorida	Statutes	S.		١
SIGNATURE	Signature, typed	or printed name of registered ager	nt and title if	applicable	(NO1E: Flee	istered Age	ent signature re	equired when reinstating) DATE	-
12.	· · · · · · · · · · · · · · · · · · ·	OFFICERS AND	DIREC	TORS ·		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D			DELI	TE	1.1 TITLE		☐ Change ☐ Additio	'n
NAME		, MEREDITH L				1.2 NAME			
STREET ADDRESS		112TH AVE				1.3 STREET	ADDRESS		
CITY-ST-ZIP		PRINGS FL 33085				1.4 CITY-S	T-ZIP		
TITLE	D	IAUN E IB		L DELI		2.1 TITLE		L. Change Addition	п
NAME		JOHN F JR			- 1	2.2 NAME		•	
STREET ADDRESS		112TH AVE SPRINGS FL 33065				2.3 STREET			
CITY-ST-ZIP	OOINT 0	Prings FL 33003		DELI		2. CITY-5	ST - 7IP		_
NAME				ניין הנרנ	1	3.1 TITLE 3.2 NAME		Change Additio	41
STREET ADDRESS						3.2 NAME 3.3 STREET	ADDRESS		
CITY-ST-ZIP						3.4, CITY - 5			
TITLE		- ,	· " · · · · · · · · · · · · · · · · · · ·	DELE		4.1 TITLE)1-EH	☐ Change ☐ Additio	<u></u>
NAME				-		4. ≱ NAME	1		
STREET ADDRESS						4.3 STREET	ADDRESS		
CITY-ST-ZIP						4.4 CITY - S	i		
TITLE				DELE		5.1 TITLE		☐ Change ☐ Addilio	'n
NAME						5.2 NAME			
STREET ADDRESS					Ī	5.3 STREET	ADDRESS		
CITY-ST-ZIP						5.4 CITY-S	T-ZIP		
TITLE				DELE	TE	6.1 TITLE	7	☐ Change ☐ Additio	n
NAME						6.2 NAME	-		
STREET ADDRESS	•					6.3 STREET	ADDRESS		
CITY-ST-ZIP	- 12					6.4 CITY-S	T - 7IP		

I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

FILED

May 16 1997 8:00am

Secretary of State