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

PROFIT CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATI

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000064220 (5)

HANLON & ASSOCIATES, INC.

Principal Place of Business

Mailing Address

FILED Apr 03 1998 8:00am Secretary of State



2671 NW 112TH AVE CORAL SPRINGS FL 33065				2671 NW 112TH AVE CORAL SPRINGS FL 33065			DO NOT WRITE IN THIS SPACE					
								3.	Date Incorporated or Qualified 09/07/1993			
				i, Mailing Address			4.	FEI Number		Applied For		
21			26	· · · · · · · · · · · · · · · · · · ·				 -	65-0433659		Not Applicable	
2	Suite, Apt. #, etc.			Suite, Apt. #, etc.				5.	Certificate of Status Desired		75 Additional se Required	
3	City & State			City & State			6.	Election Campaign Financing Trust Fund Contribution		.00 May Be ided to Fees		
4	Zip	Country 25	29	Z _I p Country			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No					
	9. Name	stered Agent	10, Name and Address of New Registered Agent									
2671 NW 112TH AVE CORAL SPRINGS FL 33065						61	Name					
						82	Street Address (P.O. Box Number is Not Acceptable)					
						83						
						84	City FL 85 Zip Code					
11.	office or registered ag	sions of Sections 607.05 gent, or both, in the Stat ith, and accept the obli	te of Florid	ida. Such change wa:	s authorize	d by	the corporation	ratio on's b	n submits this statement for the purpoper of directors. I hereby accept the	pose of chang he appointme	ing its registered nt as registered	

					<u></u>					
11. Pursuant to the provisions of Sections 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.										
SIGNATURE Signature: typed or proted name of registered agent and life if epipicable (NOTE Registered Agent signature required when reinstaling) DATE										
12.	OFFICERS AND DIRECTOR		13.		TO OFFICERS AND DIRECTORS	IN 12				
TITLE	D	DELETE	1.1 TITLE		Change	Addition				
NAME	HANLON, MEREDITH L		1.2 NAME							
STREET ADDRESS	2671 NW 112TH AVE		1.3 STREET ADDRESS			ĺ				
CITY-ST-ZIP	CORAL SPRINGS FL 33065		1.4 CITY-ST-ZIP							
TITLE	D	DELETE	2.1 TITLE		☐ Cha/ige	Addition				
NAME	HANLON, JOHN F JR		2.2 NAME							
STREET ADDRESS	2671 NW 112TH AVE		2.3 STREET ADDRESS							
CITY-ST-ZIP	CORAL SPRINGS FL 33065		2 4 CITY - ST - ZIP							
TITLE		DELETE	31 TITLE		Change	☐ Addition				
NAME			3.2 NAME			j				
STREET ADDRESS		'	3.3 STREET ADDRESS			Ì				
CITY-ST-ZIP			3.4. CITY-ST-ZIP							
TITLE		DELETE	4.1 TITLE		Change	Addition				
NAME			4. 2 NAME]				
STREET ADDRESS			4.3 STREET ADDRESS			į				
CITY-ST-ZIP			4.4 CITY - ST - ZIP							
TITLE		☐ DELETE	5.1 TITLE		Change	Addition				
NAME		i	5.2 NAME			į				
STREET ADDRESS			5.3 STREET ADDRESS			í				
CITY-ST-ZIP			5.4 CITY - ST - ZIP							
TITLE		DELETE	6.1 TITLE		Change	Addition				
NAME			6.2 NAME			i				
STREET ADDRESS			6.3 STREET ADDRESS			ļ				
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 eath; 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 Plack 13 if Append or one attackment with the analyses.

SIGNATURE: Mudu

Harlow

3-30-98

954 252-6884

CR2E034 (10/97)