

**' FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000035350 (5)**

1. Corporation Name

**HANANIA AUTOMOTIVE CORP.**



Principal Place of Business

Mailing Address

7600 BLANDING BLVD.  
JACKSONVILLE FL 32244

7600 BLANDING BLVD.  
JACKSONVILLE FL 32244

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

**HANANIA, JACK Y  
7600 BLANDING BLVD.  
JACKSONVILLE FL 32244**

3. Date Incorporated or Qualified

**05/10/1994**

3a. Date of Last Report

**02/21/1995**

4. FEI Number

**59-3250941**

Applied For  
Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution

**\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes  No

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 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 printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  DELETE

1.1 TITLE  Change  Addition

NAME: **DPC  
HANANIA, JACK Y  
7600 BLANDING BLVD.  
JACKSONVILLE FL 32244**

1.2 NAME  
1.3 STREET ADDRESS

TITLE  DELETE

2.1 TITLE **D S T V P**  Change  Addition

NAME: **DS  
NOBLE, NANCY D  
7600 BLANDING BLVD., STE. 200  
JACKSONVILLE FL 32244**

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

TITLE  DELETE

3.1 TITLE **D V P S**  Change  Addition

NAME: **Wilma S. Gallagher  
7400 Baymeadows Way, Suite 200  
Jacksonville, FL 32256**

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

TITLE  DELETE

4.1 TITLE  Change  Addition

NAME  
STREET ADDRESS  
CITY - ST - ZIP

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

TITLE  DELETE

5.1 TITLE  Change  Addition

NAME  
STREET ADDRESS  
CITY - ST - ZIP

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

TITLE  DELETE

6.1 TITLE  Change  Addition

NAME  
STREET ADDRESS  
CITY - ST - ZIP

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Wilma S. Gallagher* Secretary  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-29-96  
Date

904-730-2464  
Daytime Phone #

CR2E034 (12/95)