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**Jan 30 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA 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: **7600 BLANDING BLVD. JACKSONVILLE FL 32244**

Mailing Address: **7600 BLANDING BLVD. JACKSONVILLE FL 32244-5112**

3. Date Incorporated or Qualified: **05/10/1994**

3a. Date of Last Report: **04/04/1996**

4. FEI Number: **59-3250941**

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

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

22. City & State

23. Zip

24. Country

25. Country

26. Suite, Apt. #, etc.

27. City & State

28. Zip

29. Country

30. Country

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

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 _____ DATE _____

Signature: typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

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

TITLE DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

DSTV
**NOBLE, NANCY D
7600 BLANDING BLVD., STE. 200
JACKSONVILLE FL**

TITLE DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

DVPS
**GALLAGHER, WILMA S
7400 BAYMEADOWS WAY STE 200
JACKSONVILLE FL**

TITLE DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS **4306 Pablo Oaks Court**

2.4 CITY - ST - ZIP **Jacksonville FL 32224**

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS **4306 Pablo Oaks Court**

3.4 CITY - ST - ZIP **Jacksonville FL 32224**

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. 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.

SIGNATURE: Wilma S. Gallagher, Sec. 1-17-97 904-992-4110

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)