## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

	HADOWS HANGER GROUP	0055860 (8) ; inc.		1 18811881 118 18111 81811 8811 8811 8	ARKII AANAI AUSTI AKIAI HAKA AKKA AANI KAAI
rincipal Place	e of Business	Mailing Address			
94 SKYLINE DRIVE NORTH FT MYERS FL 33903		94 SKYLINE DRIVE NORTH FT MYERS FL 33903			
NONIN FI MI	ieno re sosso	MONIN FI MIENS FL S	3303	3. Date Incorporated or Qualified	
L Oriograph Dr	toon of Business	2a. Mailing Address		07/25/1994 4. FEI Number	08/17/1995 Applied For
2. Principal Place of Business		26		APPLIED FOR 65-0605538 Not Applicable	
Suite, Apt	#, etc.	Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional
!		27	<u> </u>		Fee Required
City & State	e	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Z <sub>i</sub> p	Country	<b>Z</b> ip	Country	8. This corporation has liability for	
7	25	29	30	Florida Statutes	Yes X No
	9. Name and Address of Currer	nt Registered Agent		10. Name and Address of New F	legistered Agent
DE	XTER, LINCOLN A		81 Name		
	SKYLINE DRIVE		82 Street Ad	ddress (P.O. Box Number is Not Accepta	able)
	RTH FT MYERS FL 33903				
			83		
			<b>B4</b> City		FL 85 Zip Code
1. Pursuant office or r	to the provisions of Sections 607,050 registered agent, or both, in the State	2 and 607.1508, Florida Statut of Florida Such change was allians of Section 607.0505, Fl	tes, the above named co authorized by the corpor	orporation submits this statement for the ration's board of directors. Thereby acce	purpose of changing its registered
•		andra o , odetich der lood. Th	onga statutes.		
	Signature, typed or principlinal coolingistered age		TE: Registeriid Agent signature re	equired wher revistaring!	DATE
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SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR