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PROFIT CORPORATION ANNUAL REPORT

1997

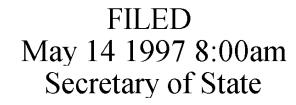


FLORIDA DEPARTMENT OF STAT

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000078623 (3)



	HONS, INC.				
Principal Place	e of Business	Mailing Address		E KANDINDUS IND HOUR MIDIN QUINN DA	19 MORRI WILLIA (BRIO) ROYLO OLISO (1900 (41) 400)
- COSS-METROWE	ST-BLVD.	200 SOUTH ORANGE	AVE.	}	
CUPTE 446		SUITE 2300			
- ORLANDO FL O	2003 -	OULYNDO EL SOCI-E	3440-	3. Date Incorporated or Quali	fied 3a. Date of Last Report
				· '	· ·
2. Principal Pi	lace of Business	2a. Mailing Address		10/26/1994 4. FEI Number	04/26/1996 Applied For
21 9701	Chestnut Riche	A		59-3276252	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc	· · · · · · · · · · · · · · · · · · ·		SR 75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State	9 .	City & State	1	6. Election Campaign Financi	ng \$5.00 May Be
23 (A) in	dermere, FL	28 Orland	S. FL	Trust Fund Contribution	Added to Fees
Zip	Country	I Zip	Lountry	8. This corporation has liabilit	y for intangible tax under s. 199.032,
24 34786	25	29 32801-34	32 30	Florida Statutes	Yes No
	9. Name and Address of Curr			10. Name and Address of Ne	w Registered Agent
A.G.O	C. CO .		81 Name		
	SOUTH ORANGE AVE.		B2 Street	Address (P.O. Box Number is Not Acc	entable)
	E 2300		U. OTOUR	A TOURS OF THE EAST PROPERTY OF THE PROPERTY OF	opinios)
	ANDO FL 32801-3432		83		
4.4			A4 05		
			84 City		FI 85 Zip Code
office or re agent. I a	egistered agent, or both, in the Sta m familiar with, and accept the obli	te of Florida. Such change t gations of, Section 607.050	was authorized by the cor 5, Florida Statutes.	corporation submits this statement for poration's board of directors. I hereby a	accept the appointment as registered
agent. I a	m familiar with, and accept the obli- Signature, typed or printed name of registered a	gations of, Section 607.050	5, Florida Statutes. (NOT: Registered Agent signatur	e required when recestating)	DATE
agent. I au SIGNATURE 12.	m familiar with, and accept the obli- Signature, typed or printed name of registered a OFFICERS A	gations of, Section 607.050 gest and title if explicable ND DIRECTORS	5, Florida Statutes. (NOTE: Registered Agent signatur 13.	e required when recestating)	DATE DEFICERS AND DIRECTORS IN 12
agent, I at SIGNATURE	m familiar with, and accept the obli- Signature, typed or printed name of registered a OFFICERS A PD	gations of, Section 607.050	5, Florida Statutes. (NOTE: Registered Agent signatur 13. £ 1.1 TILLE	e required when relestating) ADDITIONS/CHANGES TO (DATE DEFICERS AND DIRECTORS IN 12 Change Addition
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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 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 Block 12 or \$100k 13 to be appear in \$100k 12 or \$100k 13 to be appear in \$100k 12 or \$100k 13 to be appear in \$100k 12 or \$100k 13 to be appear in \$100k 12 or \$100k 13 to be appear in \$100k 12 or \$100k 13 to be appear in \$100k 12 or \$100k 13 to be appear in \$100k 12 or \$100k 13 to be appear in \$100k 12 or \$100k 13 to be appear in \$100k 12 or \$100k 13 to be appear in \$100k 12 or \$100k 13 to be appear in \$100k 12 or \$100k 13 to be appear in \$100k 12 or \$100k 13 to be appear in \$100k 12 or \$100k 13 to be appear in \$100k 12 or \$10

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