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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Jan 28 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000002501 (1)

HANIA, INC.

CHY-ST-ZIP

14. I do hereby certify that the information

Lam an officer or director

appears in Block 12

SIGNATURE:

information indicated on this annual rep

of the

Principal Place of Business Mailing Address 1070 E EAU GALLIE BOULEVARD 1070 E EAU GALLIE BOULEVARD INDIAN HARBOUR BEACH FL 32937-4917 INDIAN HARBOUR BEACH FL 32937 3. Date Incorporated or Qualified 3a. Date of Last Report 01/06/1995 01/30/1996 2. Principal Place of Business 4. FEI Number Applied For 2a. Mailing Address 59-3292561 26 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8,75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Country $Z_{\rm IP}$ Zio 8. This corporation has liability for intangible tax under s. 199.032, Yes 🗆 No 30 24 25 29 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name JOHNSON, WILLIAM A 6767 N WICKHAM ROAD 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 400F **MELBOURNE FL 32940** 83 City 84 Zip Code 85 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 Signative: typed in pointed have of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) 12. OFFICERS AND DIRECTORS 13. DELETE 1 I TITLE Change Addition TITLE VAN PELT, PAUL 1.2 NAME NAME 430 CASSIA BOULEVARD STREET ADDRESS 1.3 STREET ADDRESS SATELLITE BEACH FL 32937 1.4 CITY - ST - ZIP OIY - \$1 - 7:P DELETE TITLE 21 TITLE Change Addition MARKOGIANNAKIS, IOANNIS 2.2 NAME NAME 132 TERRY STREET STREET ADDRESS 2.3 STREET ADDRESS INDIAN HARBOUR BEACH FL 32937 2. 4 CITY - ST - ZIP CHY-ST ZIE Change DELETE Addition TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - \$1 - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4 1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-S1-ZIF DFLETE Change Addition 51 TITLE TITLE 5.2 NAME NAME 5 3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP City - ST - ZiF DELETE Change Addition 6.1 TITLE TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS

6.4 CITY - ST - ZIP

the exemption stated in Section 119.07(3)(i), Florida Statutes. I

d accurate and that my signature shall have the same legal effect as execute this report as required by Chapter 607, Florida Statutes; a

certify that the

d that my name

0104705

if made under oath; that

lied with this filing does r

OR PRINTED NAME

supplemental annual report the receiver of trustee of

trustee e