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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DOCUMENT # P9500033409 (0) 1. Corporation Name							
HANSO	ON BROS. CONTRACTOR	S, INC.			1 444 (AB) (AB 1818 BANK BANK BANK		
Principal Place of Business Mailing Address					I IEDHODH IIA IDIDI FIMI DONI DON	II OBŞIF OBEOG INOD ININ ÖYÜL	# 00114 FOIL 1984
1232 NE 16TH AVENUE 1232 NE 16TH AVENUE							
FORT LAUDE	RDALE FL 33308	FORT LAUDERDAL	E FL 33308				
w.+. 					3. Date Incorporated or Qualified 04/28/1995	3a. Date of Last R	,
2. Principal Pla	2. Principal Place of Business 2a. Mailing Address				4. FEI Number	/	Applied For
),		1 0440561		Not Applicable 5 Additional
27					5. Certificate of Status Desired		Required
	City & State City & State				6. Election Campaign Financing		O May Be
23 Ziri	28		Could		Trust Fund Contribution	Aude	d to Fees
Ζφ 24	Country 25	Zip 29	Count 30	шу	8. This corporation has liability fo Florida Statutes		199.032,
	9. Name and Address of Curr		100		10. Name and Address of New		
			8	Name			
HANSON, ELDON R SR.				2 Street Add	ess (P.O. Box Number is Not Accepta	ble)	
1232 NE 16TH AVENUE				_			
FORT L	AUDERDALE FL 33308		6	13			
•				14 City		FI 85 Z	p Code
11. Pursuant t	to the provisions of Sections 607.05	02 and 607,1508, Florida St	atutes, the above	named corpor	ation submits this statement for the pr		registered office
or register familiar wil	ed agent, or both, in the State of Fk th, and accept the obligations of, Se	orida. Such change was auth	norized by the co	rporation's boa	ation submits this statement for the p rd of directors. I hereby accept the ap	cointment as registered	Jagent. Lam
SIGNATURE	and a reason to a sugarior to st, oc	70.007 007 .0000, 110.000	.c.co.		p#	17815 12 1	366
	Signature, typed or printed name of registered ag		(NOTE: Registered A	gant signature require		DATE	7.7.0
12.			13.	r 1	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTO	DRS IN 12 Addition
NAME	ELD ON ROW HANGON, SR. DINGA		2714 1.2 NAM	į		Change	Xuuttuii
STREET ADDRESS	1777 N.F. ICH AVENUE			EET ADDRESS			
CITY-S1-ZIP	FTLAUDERDAG	PL 77330#	14007	-ST-ZIP			
TITLE	TEAL E DOLL	ILE, VIP & SE	2 1 TITL	.E		☐ Change	Addition
NAME			22 NAM	IE .			
STREET ADDRESS	***		23 STRE	EET ADDRESS			
CITY-SI-ZIP TITLE				- ST - ZIP		Change	Addition
NAME			3 1 TITL 3.2 NAM	- 1		☐ Change	Addition
STREET ADDRESS				EET ADDRESS			
CITY-S1-ZIP				-S1-ZIP			
TITLE		DELETE	4. 1 TITL			☐ Change	Addition
NAME			4.2 NAM	É			
STHEET ADDRESS			4.3 STRE	ET ADDRESS			
CHTY - S1 - ZIP		DELETE		-ST-ZIP		Chass:	- Addition
TITLE NAME		C) pereir	5 1 TITL 5 2 NAM	1		☐ Change	☐ Addition
STREET ADDRESS				ET ADDRESS			
CITY - S1 - 7IP				-ST-ZIP			
TITLE		☐ DELETE	6 1 TITL			Change	☐ Addition
NAME			6.2 NAM	E			
STHEET ADDRESS			6.3 STRE	ET ADDRESS			
CITY-ST-ZIP				- ST- ZIP			
certify that	the information indicated on this ar	nnual report or supplemental	annual report is t	true and accura	or the exemption stated in Section 119 ite and that my signature shall have this sirenort as required by Chapter 607. F	e same legal effect as it	f made under

appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: SIGNATURE AND T

E OF SIGNING OFFICER OR DIRECTOR

ATRIL 12, 1496 954/525-6295