F COR ANNU	PROFIT PORATION IAL REPORT	FLORIDA DEPA Sandra	-	STATE			
1996 DIVISION OF CURPORATIONS DOCUMENT # P95000037403 (9)							
HANA	DI INVESTMENT, INC.						
Principal Place of Business * ABDEL SHEHADEH P.O. BOX 1739 DALTON GA 30722		Mailing Address % ABDEL SHEHADEH P.O. BOX 1739 DALTON GA 30722					
					3. Date Incorporated or Qualified 05/41/1995	38. Date	of Last Report
 Principal Pla 21 	ce of Business	28. Mailing Address 26			4. sel Number 58 -2 176	983	Applied For Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.		····	5. Certificate of Status Desired		\$8.75 Additional
City & State		City & State			6. Election Campaign Financing		Fee Required \$5.00 May Be
23 Zip	Country	28 Zip	Countr		Trust Fund Contribution 8. This corporation has liability for	r intangible tax	Added to Fees under s. 199,032,
24	25 9. Name and Address of Current (29 Registered Agent	30		Florida Statutes Ye 10. Name and Address of New	s ∏No Registered A	oent .
1150 E. SUITE A	KY, LEONARD HALLANDALE BEACH BLVD. DALE FL 33009		81 82 83	Street Addre	ess (P.O. Box Number is Not Accepta	, 	85 Zip Code
familiar with	to the provisions of Sections 607.0502 a d agent, or both, in the State of Florida i, and accept the obligations of, Section signature types or printed that is of register types or	n 607.0505, Florida Statutes.	ea by the corp	nar led corpora obration's board	or directors. I hereby accept the app	pointment as r	ging its registered office agistered agent. I am
12.	OFFICERS AND I	DIRECTORS	13.	f Est. lattere required	ADDITIONS/CHANGES TO OF	FICERS AND (DIRECTORS IN 12
NAME STREET ADDRESS CITY-ST-ZIP	D Shehadeh, Abdel K P.O. Box 1739 N/A Dalton ga	☐ DELETE	1 1 TILE 12 NAME 13 STREE 14 CHY:	LAD :RESS			OIRECTORS IN 12 Charge Addition Charge Addition
TITLE NAME STREET ADDRESS CITY: ST: 2IF		☐ DELETE	2 1 TITLE 2 2 NAME 2 3 STHEE	TAD IRESS			Change Addition
TITLE		☐ DELETÉ	3 1 TITLE 3 9 UTT -				Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	4 1 TITLE 4 2 NAME 4 3 STREET	LADI-RESS			Change Addition
TITLE		DEFELE	4 4 CHY - 5 5 1 THEF	SI-ZP			Change Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE		DELFTE	5 2 NAME 5 3 STREET 5 4 CHY - 5 6 1 TH, E		3000018: -05/22/9601(***200.08	3370 01302	3 3
NAME STREET ADDRESS CHTY-ST-ZIP		_	6.2 NAME 6.3 STREES 6.4 CHY - S	S1- Z >		S	A THOUSE
oath; that I	certify that the information supplied with the information indicated on this armual annual fifteen or director of the corporat Block 12 or Block 13 is chagged. It or STATE:	report or supplemental annu- Ion or the receiver or trustee	shed and doc all report is to empowered ess	s not qualify for ue and accurate to execute this	a pay! that my cionature chall be well by	e same legal ef Iorida Statutes	fect as if made under ; and that my name