

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

APPROVED  
AND  
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97 FEB 26 PM 3:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1996-1997		FLORIDA DEPARTMENT OF STATE Sandra B. Bartholomew Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P950000051111 1. Corporation Name <i>The Hansen corporation</i>			
Principal Place of Business 8850 park BL Seminole FL 33777		Mailing Address 8850 park BL Seminole FL 33777	
2. Principal Place of Business	2a. Mailing Address	4. FEI Num	3a. Date of Last Report
21. <i>pinellas county</i>	26. <i>8850 park BL</i>	<i>59-3327572</i>	<i>1995</i>
22. City & State <i>seminole, FL</i>	27. City & State <i>seminole, FL</i>	5. Certificate of Status Desired	Applied For Not Applicable
23. Zip <i>33777</i>	28. Zip <i>33777</i>	6. Election Campaign Financing Trust Fund Contribution	<i>\$5.00</i> Additional Fee Required
24. Country <i>pinellas</i>	29. Country <i>pinellas</i>	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
RIAD KANKAR 8850 park BL seminole, FL 33777		81. Name RIAD KANKAR 82. Street Address (P.O. Box Number is Not Acceptable) 8850 park BL 83. City seminole FL 33777 84. Zip Code FL	
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 <i>RIAD KANKAR</i>		DATE	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE 2. NAME 3. STREET ADDRESS 4. CITY - ST - ZIP 5. TITLE 6. NAME 7. STREET ADDRESS 8. CITY - ST - ZIP 9. TITLE 10. NAME 11. STREET ADDRESS 12. CITY - ST - ZIP 13. TITLE 14. NAME 15. STREET ADDRESS 16. CITY - ST - ZIP	1. TITLE 2. NAME 3. STREET ADDRESS 4. CITY - ST - ZIP 5. TITLE 6. NAME 7. STREET ADDRESS 8. CITY - ST - ZIP 9. TITLE 10. NAME 11. STREET ADDRESS 12. CITY - ST - ZIP 13. TITLE 14. NAME 15. STREET ADDRESS 16. CITY - ST - ZIP	000002100240--7 -02/27/97--01082--003 ****365.00 ****365.00 1972/26/97 Dissolution removed, notice not received.	

14. 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 oath; 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 Block 13 if changed, or on an attachment with an address.

SIGNATURE: *RIAD KANKAR* 2-23-97 (813) 3919691  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)

FOR POSTAL  
813 891 0891  
8831 Park Blvd  
Seminole, Florida

To whom it may concern  
This letter to inform  
previous accountant that  
not send me the form  
after I paid him, then  
of any delays of payment