

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P95000078330 (4)**

1. Corporation Name:  
**HONER INVESTORS, INC.**



Principal Place of Business: **12010 NW 13TH AVENUE MIAMI FL 33167**  
Mailing Address: **12010 NW 13TH AVENUE MIAMI FL 33167**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>10/12/1995</b>	3a. Date of Last Report
21. Suite, Apt. #, etc.	22. City & State	26. Suite, Apt. #, etc.	27. City & State	4. FEI Number <b>65-0617284</b>	Applied For Not Applicable
23. Zip	25. Country	28. Zip	30. Country	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
<b>HONER, ROSEMARIE 12010 NW 13TH AVENUE MIAMI FL 33167</b>				<b>81. Name: N/A</b> <b>82. Street Address (P.O. Box Number is Not Acceptable): N/A</b> <b>83. City: N/A</b> <b>84. City: FL</b> <b>85. Zip Code:</b>	
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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					

9. Name and Address of Current Registered Agent: **HONER, ROSEMARIE, 12010 NW 13TH AVENUE, MIAMI FL 33167**

10. Name and Address of New Registered Agent: **81. Name: N/A, 82. Street Address: N/A, 83. City: N/A, 84. City: FL, 85. Zip Code:**

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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HONER, ROSEMARIE</b>	1.2 NAME	
STREET ADDRESS	<b>12010 NW 13TH AVENUE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33167</b>	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>N/A</b>	2.2 NAME	
STREET ADDRESS	<b>N/A</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>N/A</b>	2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	
NAME	<b>N/A</b>	3.2 NAME	
STREET ADDRESS	<b>N/A</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>N/A</b>	3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	
NAME	<b>N/A</b>	4.2 NAME	
STREET ADDRESS	<b>N/A</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>N/A</b>	4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME	<b>N/A</b>	5.2 NAME	
STREET ADDRESS	<b>N/A</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>N/A</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>N/A</b>	6.2 NAME	
STREET ADDRESS	<b>N/A</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>N/A</b>	6.4 CITY-ST-ZIP	

**500001921185**  
**-08/13/96--01182--011**  
**\*\*\*225.00**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **ROSEMARIE HONER** *Rosemarie Honer 8/9/96* **305 681 0108**

CR2E034 (3/96)