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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

	1996		N OF CORPORATIONS		
DOCU 1. Corporatio	MENT # P95	000080242 (	(7)		
	HAN CONSULTING, IN	C.			
Principal Place	e of Business	Mailing Address			884H 800H HANA 96H
1904 S HESP		PO 80X 10655			
TAMPA FL 3	3629	TAMPA FL 33679			
				3. Date Incorporated or Qualified 10/16/1995	3a. Date of Last Report
2. Principal P	face of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt.	#, etc.	Suite, Apt. #, etc		59-3339940	Not Applicable  \$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & Stat		City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Z <sub>I</sub> p	Country	Z(p)	Country	8. This corporation has liability for i	ntangible tax under s 199.032,
24	25 9. Name and Address of	29 Current Registered Agent	[30]	Florida Statutes Yes  10. Name and Address of New R	
		outless suggested suggested	81 Name	10, Haine and Address of New H	egistered Agent
	CALLAHAN, FRANK T			tress (P.O. Box Number is Not Acceptab	T-A-V
	HESPERIDES ST			Jress (F.O. Box number is not Accepted	ie)
TAMPA I	FL 33629		83		
			84 City		FL 85 Zip Code
familiar wi	th, and accept the obligations of spatial trains of repose	ii, securii 607.0303, rigilga Stat	Olos.	oralion submits this statement for the pur and of directors. Thereby accept the appo	DATE
12.	OFFICE	RS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFI	
TITLE	D CALLADIAN CONNET	☐ DELETE	1 111146		☐ Change ☐ Addition
NAME	Callahan, Frank T 1904 S Hesperides St		1.2 NAME		
STREET ADORESS  CITY - ST - ZIP	TAMPA FL 33629		1.3 STHEET ADDRESS		
TITLE	TAMEN LE GOOLS	DELETE	2 1 THE		☐ Change ☐ Addition
NAME			2.2 NAME		Change Mounton
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2 4 CITY - ST - ZIF		
TITLE		DELETE	3 1 TITLE		Change Addition
NAME:			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY - ST - ZIP		
TITLE NAME		☐ DELETE	4 1 TITLE		Change Addition
STREET ADDRESS			4.2 NAME		
CITY-ST-ZIP			4.3 STREET ADDRESS		
TITLE		DELFIE	5 1 T TLF		Change Addition
NAME			5 2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - ST - ZIP			5 4 CITY - ST - ZIF		
TITLE		DELETE	6 1 TITLE		Change Addition
NAME			6 2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		

CHY-SI-ZIP

14. I do hereby certify that the information supplied with this fling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statules. 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 trusted employment of 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:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FROM TO THE SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)