## 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. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P95000088414 (4)

HANNAH OCIN, INC.

APPROVED AND FILED

96 SEP 16 AM 11:57

SECRETARY OF STATE TALLAHASSEE, FLORIDA



	et Business	Mailing Address					
P O BOX 874 P O BOX 874 ELFERS FL 34680 ELFERS FL 34680							
ELPERS PL 340	au	ELFENS FL 34000			3. Date Incorporated or Qualified 3a. Date of Last Report		
					11/16/1995		•
2. Principal Plac	ce of Business	2a. Mailing Address			4 EELNumber		Applied For
1		26			65-0625457		Not Applicable
Suite, Apt. #,	, etc.	Suite, Apt. #. etc			5. Certificate of Status Desired		5 Additional Required
2		City & State			6 Floring Compains Employee		00 May Be
City & State		City & State			Election Campaign Financing     Trust Fund Contribution		ed to Fees
Zip	Country	Zip	Country	/	8. This corporation has liability for in	ntang bje tak unde	rs 199 032,
4	25	29	30		Florida Statutes	Yes 🗶 No	
: <u>.</u>	9. Name and Address of Curren	nt Registered Agent			10. Name and Address of New Rec	istered Agent	
WILL	LIAMS, BEN H JR		81	Name			
	WOODCOCK DR		82 Stroet Ad		ddress (P.O. Box Number is Not Acceptable)		
	V PORT RICHEY FL 34652						
			83				
			84	City		85	Zip Code
				L	poration submits this statement for the pulion's board of directors. I hereby accept	FL   T	to registered
5		permanantine rapperable user	ic withouting ad	ein signantin redo	iced when reinstating)		and the second second second second second
	Signature type Enoprote Exercise (Englished al)					DATE	
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12.				era sigrarule respo			
12.	OFFICERS AN D WILLIAMS, BEN H JR	ND DIRECTORS	13.	arcsigramie reiju		ERS AND DIRECT	
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further ceruly that the information indicated on this armula report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as in 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 AND TYPED ON PRINTED NAME OF SIGN ME OFFICER OR DIRECTOR

146. 111/6