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02-22-1999 90062 034 ***150.00

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PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P96000005025

1. Corporation Name
E. T. HAND & ASSOCIATES, INC.



Principal Place of Business
**7520 S.W. 57 AVENUE
 SUITE K
 MIAMI FL 33143**

Mailing Address
**7520 S.W. 57 AVENUE
 SUITE K
 MIAMI FL 33143**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 **14231 SW 163 ST**
 Suite, Apt. #, etc.
 22
 City & State
 23 **MIAMI FL**
 Zip Country
 24 **33177** 25 **US**

2a. Mailing Address
 26 **14231 SW 163 ST**
 Suite, Apt. #, etc.
 27
 City & State
 28 **MIAMI FL**
 Zip Country
 29 **33177** 30 **US**

3. Date Incorporated or Qualified
01/12/1996

4. FEI Number
65-0639155 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

8. This corporation owes the current year intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
**HAND, ELIZABETH T
 12950 SW 133RD CT
 MIAMI FL 33186**

10. Name and Address of New Registered Agent
 81 Name **HAND, ELIZABETH T.**
 82 Street Address (P.O. Box Number is Not Acceptable)
14231 SW 163 ST
 83
 84 City **MIAMI** FL 85 Zip Code **33177**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS DELETE

TITLE
 NAME **D HAND, ELIZABETH T**
 STREET ADDRESS **12950 SW 133RD CT**
 CITY-ST-ZIP **MIAMI FL 33186**

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE
 NAME
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 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D HAND, ELIZABETH T.** Change Addition
 1.2 NAME
 1.3 STREET ADDRESS **14231 SW 163 ST**
 1.4 CITY-ST-ZIP **MIAMI FL. 33177**

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

Elizabeth T. Hand
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/99 (305) 234-9118
 Date Daytime Phone #

CR2E034 (11/98)