FILE NOW: FILING FEE AFTER MAY 1ST IS \$5 0.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT E STATE

Sandra B. Morti

Secretary of Sta

DIVISION OF CORPORTIONS

DOCUMENT # 1. Corporation Name P9600006941 (4)

FILED Mar 24 1998 8:00am Secretary of State

LONG	HAND, INC.		, ,					
							I JARIHTEN HE ZENIO ONIK ORNI ORNI ORNI ORNI ORNI ORNI ORNI ORNI	
Discission Dis	76							
	ce of Business		Mailing Address					
8140 CLEAR	Y BLVD.		8140 CLEARY BLVD. #1401					
PLANTATION FL 33324			PLANTATION FL 33324				DO NOT WRITE IN THIS SPACE	
US			US				3. Date Incorporated or Qualified	٦
							01/23/1996	-
· ·	Place of Business		≥a. Mailing Address				4. FEI Number Applied For	
21		20					65-0635765 Not Applicab	ө
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional	
City & Sta	10	2	7 City & State	·			Fee Required	ᆚ
23			28				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip	Count		Z _I p	Cou	intry		7,000 10 1000	\dashv
24	25	25	¬	30			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	1
	9. Name and Addr	ess of Current Reg	istered Agent	1301	Γ		10. Name and Address of New Registered Agent	ᅱ
RO	SENKRANZ, SUSAN				81	Name		٦
	40 CLEARY BLVD.				82	Stront	t Address (P.O. Box Number is Not Acceptable)	4
#1			62	Street	t Address (P.O. Box Number is Not Acceptable)	İ		
PL/	ANTATION FL 33324				83			ヿ
1					84	City		4
					- 1	•	FL 85 Zip Code	1
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, to office or registered agent, or both, in the State of Florida. Such change was authoragent. I am familial with, and accept the obligations of, Section 607.0505, Florida						-named	d corporation submits this statement for the purpose of changing its registered	1
agent. La	m amilia with, and acc	ept the obligations	of, Section 607.0505, Fig	orida Stat	utes	trie corp	riporation's board of directors. Thereby accept the appointment as registered	
SIGNATURE	usull	Kowa Ki					3/18/28	Ī
12.	Signature, typed or printed net				d Age	nt signature	ne required when reinstating) DATE	f
TITLE	PSD	OFFICERS AND DIR	DELETE	13. 1.1 Bil		r	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Additio	1
NAME	ROSENKRANZ, SI	ISAN		1.2 NA			Lu change in Addition	ˈ]:
STREET ADDRESS	8140 CLEARY BLY					ADDRESS		
CITY-ST-ZIP	PLANTATION FL			1,4 01				Ļ
TITLE			DELETE	2.1 TIT			☐ Change ☐ Addition	$\exists 8$
NAME				2.2 NA	ME	ł		
STREET ADDRESS						address		
CITY-ST-ZIP				2. 4 CI				1
TITLE			☐ DELETE	3.1 717	_		Change Addition	7
NAME				3.2 NA	ME			
STREET ADDRESS				3.3 ST	REET A	ADDRESS		
CITY-ST-ZIP				3.4. CI	TY- \$1	T-ZIP		
TITLE			☐ DELETE	4.1 TIT	LE		☐ Change ☐ Addition	1
NAME				4. 2 NA	ME			
STREET ADDRESS				4.3 STF	AEET A	address		
CITY-ST-ZIP				4.4 CIT	Y-ST	- Z iP		
TITLE			L_ DELETE	5.1 111	LE		☐ Change ☐ Addition	1
NAME	• 1			5.2 NA	ME			
STREET ADDRESS				5.3 STF	REETA	ADDRESS		
CITY-ST-ZIP			T prome	5.4 CIT		- ZIP		_
TITLE			DELETE	6.1 TIT			☐ Change ☐ Addition	
NAME				6.2 NA		ļ		
STREET ADDRESS						(DDRESS		
CITY-ST-ZIP	ertify that the information	n eunnliad with thin	filing does not qualify for	6.4 CIT			od in Scotion 110 07/2/() Elevido Statutas I further and further than the	1

received secure tractine mormation supplied with this filling does not quality 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 by on an attachment with an address.