


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # P96000011697 (5)

1. Corporation Name

HANDY PRO CORPORATION



Principal Place of Business

Mailing Address

14512 AMACA COURT
ORLANDO FL 32837

14512 AMACA COURT
ORLANDO FL 32837

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 407 Lk. Howell Rd. Suite, Apt. #, etc. 22 Ste 117 City & State 23 Maitland, FL Zip 24 32751 Country 25 USA		2a. Mailing Address 26 407 Lk Howell Rd Suite, Apt. #, etc. 27 Ste 117 City & State 28 Maitland FL Zip 29 32751 Country 30 USA		3. Date Incorporated or Qualified 02/01/1996 4. FEI Number 59-3358973 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
---	--	---	--	---

9. Name and Address of Current Registered Agent

SALVANO, DANIEL
14512 AMACA COURT
ORLANDO FL 32837

10. Name and Address of New Registered Agent

81 Name Wade Nelson
82 Street Address (P.O. Box Number is Not Acceptable)
83 605 Nighthawk Cir
84 City Winter Springs FL 85 Zip Code 32708

11. Pursuant to the provisions of Sections 607.0502 and 607.1908, 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALVANO, DANIEL	1.2 NAME	Wade Nelson
STREET ADDRESS	14512 AMACA COURT	1.3 STREET ADDRESS	605 Nighthawk Cir
CITY-ST-ZIP	ORLANDO FL 32837	1.4 CITY-ST-ZIP	Winter Springs, FL 32708
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NELSON, WADE	2.2 NAME	
STREET ADDRESS	605 NIGHTHAWK CIRCLE	2.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE:

Wade Nelson Wade Nelson 4-6-98 407-673-0700

CR2E034 (10/97)