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

PROFIT CORPORATION **ANNUAL REPORT**



Sandra B. Mort m Secretary of State

DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000019409 (7)

THE HANCOCK PLACE, INC.

FILED Apr 18 1997 8:00am Secretary of State



Principal Place of Business	Mailing Address				III) ABABI SIDIA 1810 BABA DENG IBN 1991
785 VISCAYA BLVD.	785 VISCAYA BLVD.				
ST. AUGUSTINE FL 32086	ST. AUGUSTINE FL 320	86-7243		ļ	
				3. Date Incorporated or Qualified 02/29/1996	3a. Date of Last Report
2. Principal Place of Business	2a. Mailing Address			4. FEI Number	Applied For
21	26				Not Applicable
Sulte, Apt. #, etc.	Suite, Apt. #, etc. 27			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country	├── ┐ `	Zip Country		8. This corporation has liability for intangible tax under s. 199.032,	
	25 29 30 30 P. Name and Address of Current Registered Agent		Florida Statutes Yes X No 10. Name and Address of New Registered Agent		
	ss of current negistered Agent	s	1 Name	10, Name and Address of New H	ogisterea Agent
BOLES, JOSEPH L JR.					
120 CHARLOTTE ST St. Augustine FL 3208	4	Ĺ		dress (P.O. Box Number is Not Accepta	ble)
est			33		
		•	14 City		FL 85 Zip Code
office of registered agent, or both agent. I am familiar with, and accessionature Signature types or printed same		s authorized Florida Statu	by the corporates.	rporation submits this statement for the ation's board of directors. I hereby account to the statement of the whole remaining	purpose of changing its registered spl the appointment as registered
	FICERS AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	CERS AND DIRECTORS IN 12
GERALD. E	ine, FL 32086_				Change Addition
TITLE	DELETE	21 1111			Change Addition
NAME		2.2 NAN	Y		
STREET ADDRESS			FET ADDRESS	•	• .,
CITY-ST-ZIP DELETE		2. 4 CH 3.1 TOL	Y - \$1 - ZIP		Change Addition
NAME		3.2 NAN	1		- Simingo - Filipinon
STREET ADDRESS			EE1 ADDRESS		
CITY-ST-ZIP			Y-ST-7IP		
TITLE	DELETE	4.1 TITL	F		Change Addition
NAME		4. 2 NAI	ME I		
STREET ADDRESS		4,3 STR	eet address		
CITY-ST-ZIP			r-S1-ZIP		
TITLE	DELETE	5.1 T/TLF		communica 15	Change Addition
NAME		5.2 NAM		6000021 9 -04/22/97010	49044
STREET ADDRESS			EE1 ADDRESS	***165.00	reaction and the second of the
CITY-ST-ZIP	DELETE		'-ST-7IP	The second of th	Change Addition
TITLE	_] DELETE	6.1 THE			
NAME OTREET ADDRESS		6.2 NAN	ì		4.18
STREET ADDRESS			FE1 ADDRESS		4.12
CITY-ST-ZIP		6.4 City	-ST-ZIP		OI.

14. To 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 3 if changed, or on an attachment with an address.

SIGNATURE: