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

**PROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS **FILED** 

Apr 30 1997 8:00am

Secretary of State

DOCUMENT # P96000090201 (0)

HANDI ENTERPRISES, INC.

Principal Plac	e of Business	Mailing Address	<del>.</del>	<del></del>				
POST OFFICE BOX 782 ORANGE PARK FL 32067-0782  POST OFFICE BOX 782 ORANGE PARK FL 32067-0782								
					3. Date Incorporated or Qualified 10/30/1996	3a. Date of Las	t Report	
2. Principal Place of Business 21		2a. Mailing Address 26	ł — i		4. FEI Number Applied		Applied For Not Applicable	
Sulte, Apt. #, etc.		Suite. Apt. #, etc.	<b>-</b> ¬ ` '		5. Certificate of Status Desired	□ \$8.7 <b>9</b>	\$8.75 Additional Fee Required	
City & State		City & State	)· · - 1		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip 24	Country Zip 29		Country 30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes   ✓ Yes   No			
	9. Name and Address of Curren	nt Registered Agent			10. Name and Address of New Re	gistered Agent		
	TORO, THOMAS C ESQ			31 Name	TO THE STATE OF TH			
	) Wells road #5 NGE Park FL 32073				ress (P.O. Box Number is Not Acceptab	le)		
			83					
I			1	City		FL 85 7	ip Code	
11. Pursuant office or ragent. I a	to the provisions of Sections 607.05.0 registered agent, or both, in the State im familiar with, and accept the obligi	2 and 607.1508, Florida Stat of Florida Such change wa ations of, Section 607.0505,	tutes, the ab- s authorized Florida Statu	ove-named cor by the corpora tes.	poration submits this statement for the p tion's board of directors. I hereby accep		g its registered as registered	
SIGNATURE	Signature, typod or printed name of registered age	Litaret fille d'acolleable (Al	COL Fix obstanced	Accel eignature regu	ired when reinstating)	DATE		
12.	OFFICERS ANI		13.		ADDITIONS/CHANGES TO OFFIC		OPS IN 12	
TITLE	PSD	DELETE	1.1 111(	F T	ABBITTONO, OTTAK	☐ Chang		
NAME	HARKALA, ANDREA D	,	1.2 NAM					
STREET ADDRESS	43 FINCH COURT			EEL ADDRESS				
CITY-ST-ZIP	ORANGE PARK FL 32073			r-SI-7IP				
TITLE	VTD					☐ Chang	je 🔲 Addition	
NAME	HARKALA, WALTER H JR		2.2 NAN	16				
STREET ADORESS	43 FINCH COURT		23 S1R	FET ADDRESS		**		
CITY-ST-ZIP	ORANGE PARK FL 32073		2 4 01	Y - \$1 - 7IP				
TITLE		DELETE		F	☐ Change ☐ Addition		ge 🔲 Addition	
NAME			3.2 NAN	11				
STREET ADDRESS			3.3 STR	EET ADDRESS				
CITY-ST-ZIP			3.4. C(T	Y - S1 - ZIP				
TITLE		☐ DELETE	4.1 TAL	F		Chang	e 🗌 Addition	
NAME			4.2 NA	VI.F				
STREET ADDRESS			4.3 S1R	EET ADDRESS				
CITY-ST-ZIP				r-SI-ZIP				
TITLE			5.1 TH			L.) Chang	ge ∐ Addition	
NAME			5.2 NAV					
STREET ADDRESS				EET ADDRESS				
CITY-ST-ZIP	<del></del>	DELETE		r-S1-7IP		——————————————————————————————————————		
TITLE		FT htttlf	6.1 THL			Chang	e LAddition	
NAME			6.2 NAV					
STREET ADDRESS			6.3 S1R	EET ADDRESS				

14. I do 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.

6.4 CITY - ST - 7IP