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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000027370

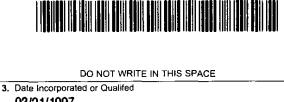
1. Corporation Name

HOSANNA ENTERPRISE, INC.

Principal Place of Business	Mailing Address	
3231 S. EAGLE PT.	3231 S. EAGLE PT.	
INVERNESS FL 34450	INVERNESS FL 34450	

FILED May 07, 1999 8:00 am Secretary of State

05-07-1999 90138 018 ***150.00



<u> </u>							<u> </u>					
2. Principal P	lace of Business	2a.	Mailing Address				4. FEI Number		A.	oplied For		
21		26					59-3449207		No	ot Applicable		
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75	Additional		
22		27			_	_	5. Certificate of Status Desired		Fee Re	equired		
City & Stat	e		City & State				6. Election Campaign Financing		\$5.00	May Be		
23		28					Trust Fund Contribution		Added	- 1		
Zip	Country		Zip	- (Country		8. This corporation owes the cu	rrent year Int	angible			
24	25	29		30			Personal Property Tax.	•	Yes	□No		
	9. Name and Address of Current	Regis	tered Agent	1 1			10. Name and Address of New	Registered	Agent			
COLEBROOKE, FREDERICK J 8709 E. GOSPEL ISLAND ROAD INVERNESS FL 34450						81 Name + The derick J Colebrooke 82 Street Address (P.O. Box Number is Not Acceptable) 83						
					84 <u>City.</u>		141- CO C	FL	85 -Zip	Code		
44.5		- 100	07.4500 51-44-01 1			we				450		
office or n	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	Florid	la. Such change was a	authori	ized by the corpo	corpora pration's	s board of directors. I hereby acce	ept the appoir	ntment as re	gistered		
agent. La	m familiar with, and accept the obligation	ns of,	Section 607.0505, Flo	orida S	Statutes.		·					
SIGNATURE	<u> </u>											
	Signature, typed or printed name of registered agent a				tered Agent signature re	equired w		DATE	D DIDECTO	NDC (N. 40		
12.	OFFICERS AND	DIRE	DELETE	_	13.	_	ADDITIONS/CHANGES TO O	FFICERS AN	Change	Addition		
TITLE	D		□ DEFEIE		1.1 TITLE	D	dansalvato dalala	مام	Change	L) Addition		
NAME	COLEBROOKE, FREDERICK J			1	I.2 NAME	He	derick, J. Coleb	whe				
STREET ADDRESS	8709 E. GOSPEL ISLAND ROAD			1	1.3 STREET ADDRESS	174	o s water view	イカバ	ve			
CITY-ST-ZIP	INVERNESS FL 34450			1	I.4 CITY-ST-ZIP	<u> </u>	venness tl 3	450	<u> </u>			
TITLE	D		☐ DELETE	2	2.1 TITLE				Change	Addition		
NAME	DISANZA, MICHAEL			2	2.2 NAME							
STREET ADDRESS	3231 SOUTH EAGLE POINT			2	2.3 STREET ADDRESS							
CITY-ST-ZIP	INVERNESS FL 34450			2	2.4 CITY-ST-ZIP							
TITLE			☐ DELETE	3	9.1 TITLE				Change	Addition		
NAME				3	3.2 NAME					}		
STREET ADDRESS				3	3.3 STREET ADDRESS							
CITY-ST-ZIP	l			3	8.4. CITY-ST-ZIP	1						
TITLE			☐ DELETE		11 TITLE				Change	Addition		
NAME				4	. 2 NAME					İ		
STREET ADDRESS					1.3 STREET ADDRESS							
CITY-ST-ZIP			,		I.4 CITY-ST-ZIP	l				Ì		
TITLE			DELETE		5.1 TITLE				Change	Addition		
NAME			-		5.2 NAME				- •			
STREET ADDRESS				5	3.3 STREET ADDRESS							
1 1					6.4 CITY-ST-ZIP	}						
CITY-ST-ZIP TITLE			☐ DELETE		I.1 TITLE				☐ Change	Addition		
					3.2 NAME							
NAME .					3.3 STREET ADDRESS							
STREET ADDRESS				1 0	DIS STREET ADDRESS	l .				1		

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.

6.4 CITY-ST-ZIP