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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000035901 (2)

LINDA HANGON INC

Principal Place of Business 16 8RD ST BONTA SPRINGS FL 34134 2. Principal Place of Business 2. Mailing Address 2. Mailing Address 3. Date Incorporated or Qualified ON/2/17/1987 4. FEI Number 2. Principal Place of Business 2. Mailing Address 3. Date Incorporated or Qualified ON/2/17/1987 4. FEI Number 5. Centificate of Status Debare 6. Section Campaign Financing 22	Principal Plac							
BONTA SPRINGS FL 34134 BONTA SPRINGS FL 34		e of Business	Mailing Address					l
2. Principal Place of Business 2a. Mailing Address 3. Date Incorporated or Qualified 04/21/1997 3. Date Incorporated or Qualified 38.75 Additional Fee Required 38.75 Addi	18 3RD ST		18 3RD ST					
2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For Not Applicable 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For Not Applicable 2. Suite. Apt. #. etc 5. Certificate of Status Desired 58.75 Additional 2. City & State 2. Desired City & State City & State City & State City & State 2. Desired City & State 2. Desired City & State 3. Desired City & Status City & Status City & Status 3. Desired City & Status City & Status City & Status 3. Desired City & Status City & Status City & Status 3. Desired City & Status City & Status City & Status City & Status 3. Desired City & Status City & Sta			BONITA SPRINGS FL 34134				DO NOT WRITE IN THIS SPACE	
2. Principal Place of Business 2a. Mailing Address 4. Fel Number 4. Fel Number 5. Cortificate of Status Desired Applied For Not Applicable	,							
A FEI Number	ł						•	
Suite Apt N N N N N N N N N	2. Principal Place of Business		2a. Mailing Address				4. FEI Number Applied F.	or
Suite Apt N N N N N N N N N	21		 				(65-0750285 Not Applic	able
City & State City & State City & State City & State State City & State City & State St	Suite, Apt. #, etc.		Suite, Apt. #, etc.			5 Certificate of Status Desired \$8.75 Addition	al	
28 Trust Fund Contribution Added to Fees 21p Country 25 29 30 Trust Fund Contribution Added to Fees 22p 25 29 30 Trust Corporation owes or has paid the current year Intangible Personal Property Tax due June 30 Yes No 10 Name and Address of Current Registered Agent 10 Name and Address of New Registered Agent 10 Name and Addres							Fee Required	
Zip	'		<u>├</u> ── '				J	
24 25 25 29 30 Personal Property Tax due June 30 Personal Property Tax due		Country		Col	untry			
Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 11. Name 12. Name 13. Name 14. Address of New Registered Agent 13. Name 14. Address of New Registered Agent 14. Ad	<u> </u>	<u> </u>	<u>├</u> ¬ '					
11. Pursuant to the provisions of Socions 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent and analyze type of posterior registered agent and analyze type of posterior registered agent and analyze type of posterior agent agent and analyze type of posterior agent agent and analyze type of posterior agent agent agent and analyze type of posterior agent					Τ			
BONITA SPRINGS FL 34134 82 Street Address (P.O. Box Number is Not Acceptable) 83 Bit City FL 85 Zip Code 11. Pursuant to the provisions of Socions 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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, and accept the obligations of, Socion 607.0505, Florida Statutes. SIGNATURE Signature byind or pretend rame or registered agent and titin if application in the Object of Provision in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered depends on the provision in the State of Florida. Statutes. SIGNATURE Signature byind or pretend rame or registered agent and titin if application in the Object of Provision in the	HA	NSON, LINDA			81	Name		
BONITA SPRINGS FL 34134 83 City C					82	Street Addre	ess (P.O. Boy Number is Not Accentable)	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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, and familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature Institute I	l'	=						
11. Pursuant to the provisions of Socilons 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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, Soction 607.0505, Florida Statutes. SIGNATURE Signature, byted or precised agent and file of accidentation. (NOTE Registered Agent signature required when renstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE D					83			
11. Pursuant to the provisions of Soctions 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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, Soction 607.0505, Florida Statutes. SIGNATURE Signalure, byted or precised name of registered agent and bit of acpitivable. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 11.1TILE HANSON, LINDA C 12. AMME HANSON, LINDA C 18. 3RD ST 13. STREET ADDRESS CITY-S1-ZIP BONITA SPRINGS FL 34134 14.CITY-S1-ZIP TITLE DELETE 21.TILE 22. NAME STREET ADDRESS CITY-S1-ZIP TITLE DELETE 32. STREET ADDRESS CITY-S1-ZIP TITLE DELETE 32. ANDE 33. STREET ADDRESS CITY-S1-ZIP TITLE Change Addition Addition AMME STREET ADDRESS CITY-S1-ZIP TITLE 32. ANAME STREET ADDRESS CITY-S1-ZIP TITLE 33. STREET ADDRESS CITY-S1-ZIP TITLE 34. Change Addition AMME STREET ADDRESS CITY-S1-ZIP TITLE 34. CHANGE 34. CITY-S1-ZIP TITLE 34. CHANGE 35. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition Addition Addition Addition AMME STREET ADDRESS CITY-S1-ZIP TITLE 34. CHANGE 34. CITY-S1-ZIP TITLE 34. CHANGE 35. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition Addition Addition Addition AMME STREET ADDRESS CITY-S1-ZIP TITLE 34. CITY-S1-ZIP TITLE 34. CITY-S1-ZIP TITLE 35. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ADD	1				84	City	85 Zip Code	
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 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature Signature Internation In					1		 	
TITLE	SIGNATURE	Signature, typed or ported name of registered	agent and little of applicable (NC	DTE Registere			ad when renstating) DATE	
NAME STREET ADDRESS CITY-ST-ZIP BONITA SPRINGS FL 34134 TITLE NAME STREET ADDRESS CITY-ST-ZIP TUTLE DELETE DELETE 2.1 TITLE 2.2 NAME 2.2 NAME 3.3 STREET ADDRESS CITY-ST-ZIP TUTLE DELETE 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS CITY-ST-ZIP TUTLE STREET ADDRESS CITY-ST-ZIP TUTLE 3.3 STREET ADDRESS CITY-ST-ZIP 3.3 STREET ADDRESS CITY-ST-ZIP 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP 3.4 CITY-ST-ZIP					ITI F			dition
1.3 STREET ADDRESS 18 3RD \$T							L. County	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
CITY-ST-ZIP BONITA SPRINGS FL 34134				l l		ADDRESS		
TITLE DELETE 2 1 TITLE Change Addition NAME 2.2 NAME			4					
STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP TYTLE DELETE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP							Change Ad	dition
CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP	NAME			2.2 N	2.2 NAME			
TITLE	STREET ADDRESS			2.3 S	TREET	ADDRESS		
NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP	CITY-ST-ZIP			2.40	OTY-5	ST-ZIP		
STREET ADDRESS CITY-ST-ZIP 3.3 STREET ADDRESS 3.4 CHY-ST-ZIP	TITLE		DELETE	3.1 7	ITLE		Change Ad	noilit
CITY-ST-ZIP 34.CHY-ST-ZIP	1					ĺ		
	STREET ADDRESS			3.3 S	TREET	ADDRESS		
TIFLE ☐ Change ☐ ASTIFLE ☐ Change ☐ ASSITION			DELETE			ST-Z(P	Chann	dition.
nue Louise	1		□ DETEIE				☐ Change ☐ Ao	noon
NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS	, ,					ADDRESS		
	l 1					1		
					4.4 CITY-ST-ZIP 5.1 TITLE		Change Ad	dition
			DELETE	5.1 1		ı		
	TITLE		☐ DELETE					
CITY-S1-ZIP 5.4 CITY-S1-ZIP			☐ DELETE	5.2 N	AME	ADDRESS		
TITLE DELETE 6.1 TITLE Change Addition	TITLE NAME STREET ADDRESS		DELETE	5.2 N 5.3 S	IAME TREET			
NAME 6.2 NAME	TITLE NAME STREET ADDRESS CITY-ST-ZIP			5.2 N 5.3 S 5.4 C	IAME TREET ITY - S		☐ Change ☐ Ad	
STREET ADDRESS 6.3 STREET ADDRESS	TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE			5.2 N 5.3 S 5.4 C 6.1 Ti	IAME TREET ITY - S' ITLE		Change Ad	

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.

1-19 90 941,9926560

FILED

Apr 03 1998 8:00am

Secretary of State