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

CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9700058607

HANNA BROTHERS ENTERPRISES, INC.

## **FILED** Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90007 033 \*\*\*150.00



	•								
Principal Place	of Business	Mailing Address					*** ***** ****	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	15171 1557 1551
725 N A1A, STE. E 206 JUPITER FL 33477		725 N A1A, STE. E 206 JUPITER FL 33477			DO NOT WRI	TE IN THIS	SPACE		
						3. Date Incorporated or Qualifed			
						07/02/1997			
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number			plied For
21		26				65-0791985			t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	<b>–</b>			5. Certificate of Status Desired		\$8.75 A	quired
City & State	3	City & State	City & State			6. Election Campaign Financing		\$5.00	
23						Trust Fund Contribution		Added t	o Fees
Zip Country		Zip	, ·			8. This corporation owes the curr	ent year Inta		XNo
24	25	29 30		<del></del>		Personal Property Tax.		Yes	JALINO .
<u> </u>	9. Name and Address of Currer	nt Registered Agent		0.4 T	Name	10. Name and Address of New	registerea A	gent	
600	ARL OUR ED			B1	Name				
	WN, GUIA E.P. N A1A, STE. E 206		82 Street Add		Street Addre	ss (P.O. Box Number is Not Accept	able)		
JUPT	TER FL 33477								
	•		ļ	84	City		FL	85 Zip (	Code
-45	to the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the obligations.	of Florida Such change Was	authonzed	nv i	-named corpo the corporation	ration submits this statement for the o's board of directors. I hereby acce	purpose of pt the appoir	changing its itment as re	registered gistered
SIGNATURE	Signature, typed or printed name of registered age	nd and the X conficeble INO	F: Banistaran	mand	signature required	when reinstating)	DATE		<del></del>
12.	13 13 1	ND DIRECTORS	13.	- Ngo	- organization resignation	ADDITIONS/CHANGES TO OF	FICERS AN	D DIRECTO	RS IN 12
TITLE	PD	DELETE					•	Change	Addition
NAME	HANNA, JOSEPH		1.2 NA	ME					
STREET ADDRESS	725 N A1A, SUITE E206				ADDRESS				
\ \ \			1.4 CD						
CITY-ST-ZIP TITLE	JOI HEILT E COATT	☐ DELETE	2.1 111					Change	Addition
NAME			22 NA	ME					
STREET ADDRESS	. •		23 ST	RFFT.	ADDRESS	•			1
			2.40						
CITY-ST-ZIP TITLE			3.1 TIT					Change	☐ Addition
NAME			3.2 NA	MF	Ì				
l i	i				ADDRESS				
STREET ADORESS			3.4. CI						
CITY-ST-ZIP TITLE		☐ DELETE	4.1 TFI		<u> </u>	<del></del>		Change	☐ Addition
NAME		<b>—</b> === <b>=</b> :=	4.2 N						
					ADDRESS				
STREET ADDRESS			4.4 CI						İ
CITY-ST-ZIP TITLE		☐ DELETE	5.1 TD					Change	☐ Addition
NAME			5.2 NA		1				}
1 1	}				ADDRESS				
STREET ADDRESS			5.4 Cri		i i	*			
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TiT					Change	Addition
		<u></u>	6.2 NA					-	
NAME					ADDRESS				
STREET ADDRESS	, ,		6.4 CI						
CITY-ST-ZIP			0.4 (1	, , - 31					

14. I hereby certify that the information supplied with this filling 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 of 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.

SIGNATURE: