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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P9700062694 (9)

LEWIS K. HANNA, P.A.

Principal Place of Business

FILED Apr 28 1998 8:00am Secretary of State

BOCA CORPORATE CENTRE. SUITE 313 7777 GLADES ROAD BOCA RATON FL 33434		BOCA CORPORATE CENTRE. SUITE 313 7777 GLADES ROAD BOCA RATON FL 33434		DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified				
9 Principal Pl	and of Rusingse	2a. Mailing Address			<b>0//16/199/ 4.</b> FEI Number	07/18/1997 4. FEI Number Applied For		
2. Principal Place of Business		26			65-0776240	<del>                                      </del>	lot Applicable	
21   Suite, Apt. #, etc. 22		Suite, Apt. #, etc.		5. Certificate of Status Desired	CO 75 Additional			
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	* * * * * * * * * * * * * * * * * * *			
Zip			untry	8. This corporation owes or has paid the		<del></del>		
24	25	29	30		Personal Property Tax due June 30.	Yes	No	
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New Register	red Agent		
HAI	NNA, LEWIS K			61 Name				
	CA CORPORATE CENTRE, SUIT	ľE 313		82 Street Add	dress (P.O. Box Number is Not Acceptable)	<del></del>		
777	7 GLADES ROAD				· · · · · · · · · · · · · · · · · · ·			
BO	CA RATON FL 33434			83				
				84 City		FL 85 Zip	Code	
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 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.								
SIGNATURE	Signature typed or printed name of registered agr			nd Agent signature requ	uired when rainstating) DA	TE		
12.	OFFICERS AN	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS			
TITLE	D	DELETE 1.1		ITLE		☐ Change	Addition	
NAME	HANNA, LEWIS K		1.2 N	AME				
STREET ADDRESS	s 777 GLADES ROAD, SUITE 313		1.3 S	TREE1 ADDRESS				
CITY-ST-ZIP			1.4 0	ITY-ST-ZIP				
TITLE	<del></del>	DELETE 2.1 T		ıtı€ ]		L Change	Addition	
NAME		2.21		AME				
STREET ADDRESS	2.3		TREET ADDRESS					
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TITLE			317			Change	Addition	
NAME	<b>1</b>		3.2 N					
STREET ADDRESS				TREET ADDRESS				
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NAME				NAME				
STREET ADDRESS			. E	TREET ADDRESS				
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TITLE						ondargo		
NAME			5.2 N	1				
STREET ADDRESS	•			STREET ADDRESS				
CITY-ST-ZIP TITLE	5.4C DELETE 6.1T		CITY-ST-ZIP		Change	Addition		
		- veccie		IAME				
NAME expect appeared				STREET ADDRESS				
STREET ADDRESS	-			1				
CITY-ST-ZIP	certify that the information supplied v	with this filling does not qualif	v for the ex	CITY-ST-ZIP comption stated in	in Section 119.07(3)(i), Florida Statutes. I furth	er certify that th	e information	
indicated officer or	on this annual report or supplement	tal annual report is true and a ceiver or trusted empowered	accurata ar	id that my signat	ture shall have the same legal effect as if mad quired by Chapter 607, Florida Statutes; and t	ie under oain: tr	natiam an i	