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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B<u>i-Merthaf</u>h

Secretary of State DIVISION OF CORPORATIONS

P97000084757 (8) DOCUMENT #

HANNAH'S COLLARS, INCORPORATED

rificipal Place of Business	Mailing Address		
8920 S.W. 110TH STREET MIAMI FL 33176	8920 S.W. 110TH STREET MIAMI FL 33176		
Principal Place of Business	28. Mailing Address		
Principal Place of Busilless			

	F	<b>ILED</b>	1
May	15	1998	8:00am
Sec	cret	ary of	State



MIAMI FL 331	MI FL 33176 MIAMI FL 33176		DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified 09/29/1997
2. Principal Pi	iace of Business	28. Mailing Address			4. Fi Number Applied For
21		26			HOULED TOK Not Applicable
Suite, Apt.	#, <del>e</del> lc.	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional
City & State		City & State			Fee Required
<del></del>	,	h—¬ '			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country		Counti	···	7,000 10 100
24	25	— ·	0	,	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
	9. Name and Address of Current		<u> </u>	<del></del>	10. Name and Address of New Registered Agent
RO	BINSON, RAYMOND L P.A.		8	Name	
·	OI VENERA AVENUE		-	82 Street Address (P.O. Box Number is Not Acceptable)	
	RAL GABLES FL 33146		64	SUBOLA	ddress (P.O. Box Number is Not Acceptable)
•			8:	3	
					leel 7: O.t.
			84	City	EL 85 Zip Code
office or re agent. I ar SIGNATURE	agistered agent, or both, in the State of ingale with and account the grilings	of Florida. Such change was au tions of, Section 607.0505, Flori	thorized b da Statute	oy the corpi es.	corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered
12.	Signature, typied or printed harne of registered ager OFFICERS AND		Registered A	gent signature r	equired when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	Orricens Ain	DELETE	1.1 TITLE		Change Addition
NAME	HUEBNER, DAWN	Cal Decere	1.2 NAME		County C Roomion
STREET ADDRESS	8920 S.W. 110TH STREET			T ADDRESS	
CITY-ST-ZIP	MIAMI FL 33176		1.4 CITY-		
TITLE	D	DELETE	21 TITLE	<u> </u>	Change Addition
NAME	WIND, CONNY		2.2 NAME		_ <del>_</del>
STREET ADDRESS	8920 S.W. 110TH STREET		2.3 STREE	1 ADDRESS	
CITY-ST-ZIP	MIAMI FL 33176		2. 4 C/TY	-ST-ZIP	
TITLE		DELETE	31 TITLE		Change Addition
NAME			3.2 NAME	i	
STREET ADDRESS			3.3 STREE	1 ADDRESS	
CITY-ST-ZIP			3.4. CITY-	S1-ZIP	
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAMI		
STREET ADDRESS				T ADDRESS	
CITY-ST-ZIP		<u> </u>	4.4 CITY-	ST-ZIP	
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME	[	
STREET ADDRESS			1	T ADDRESS	
CITY-ST-ZIP		OELETE	5.4 CITY-	ST-ZIP	Ohanaa Dautste
TITLE		☐ UELEIE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME	1	j
STREET ADDRESS				T ADDRESS	
CITY-\$T-ZIP	erify that the information currelied us	h this filing door not qualify for	6.4 CITY-		Lin Continu 110 07/3Vi) Florida Statutas   further partituthes the information
Indicated	ermy trial the intermation supplied Wit on this annual report or supplemental	Hims ming does not quality for ' annual report is ¥ue and accur	me exempled and the	at my sian	in Section 119.07(3)(i), Florida Statutes. I further certify that the information ature shall have the same legal effect as if made under oath; that I am an

Indicated on this annual report or supplemental annual report is rule and accurate and that my signature shall have the same legal effect as it made under eath; that I am an officer or director of the corporation or this receiver or trustee elipowered 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 or the attachment with an address.

| GNATURE: | 305 279 - 9394

SIGNATURE: