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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF S *ATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIO IS

DOCUMENT # P98000029823

1. Corporation Name

FILED Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90127 028 ***150.00

HANSEN	I MUNICAGE, INC.								
Principal Place	e of Business	Mailing Address				- I INFIION) 118 18101 INDIA COLL OBERT AND 11 AND 110	11018 (015)		8 (1)((1 0 \$)
2290 SW OLYMPIC CLUB TERR 2290 SW OLYMPIC CLUB TEI									
PALM CITY FL 34990 PALM CITY FL 34990						DO NOT WRITE IN THIS	SPACE		
						3. Date Incorporated or Qualifed	- AGE		
						03/30/1998			
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number 65-0836944	H	Applie	
21		26				69-08 20 199	<u> </u>		pplicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	7	5 Add Requi	
City & Stat		City & State				6. Election Campaign Financing	\$5.	00 ма	V Re
23	e	28				Trust Fund Contribution		ed to F	
Zip	Country	Zip	Cou	ntry		8. This corporation owes the current year In	tangible		
24	25	29	30			Personal Property Tax.	Yes		No
	9. Name and Address of Curre					10. Name and Address of New Registered	Agent		
				81	lame				
	ZMAN, LEIGH C ESQ.			82	Hitreet Addr	ress (P.O. Box Number is Not Acceptable)			
1100 SOUTH SR 7, STE 102					. 111001 1100.				•
MAR	IGATE FL 33068			83					
				84	Gity		85 2	Zip Cod	e
					•	_FL	-	-	
office or r	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was autations of, Section 607.0505, Florida.	inorized da Stati	i by t utes.	ni corporatio	oration submits this statement for the purpose of on's board of directors. I hereby accept the appoint of the purpose of the p	intment a	regist	ered
	Signature, typed or printed name of registered age			Agent	s) nature require	ADDITIONS/CHANGES TO OFFICERS A	UD DIDE	ידיסם כ	IN 12
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS A	Char		Addition
TITLE	PSD HANGEN IAV D	C) pereire	1					3 - '	
NAME	HANSEN, JAY D 2290 SW OLYMPIC CLUB TEF	a	1.2 NA		41 20500				
STREET ADDRESS	PALM CITY FL 34990	ırı			AL JRESS				
CITY-ST-ZIP TITLE	VTD	DELETE	2.1 TI	TY-ST-			☐ Char	ige	Addition
	HANSEN, MICHELLE R	O peccie	2.2 NA				_		
NAME	AGOS ON OLVEDIO CLUB TEL	RR			AL DRESS				
STREET ADDRESS	PALM CITY FL 34990	wı		TY-ST	.				
CITY-ST-ZIP TITLE	TALM CITTLE 04000	DELETE	3.1 TH				☐ Char	ige	Addition
NAME		_	3.2 NA	ME					
STREET ADDRESS			1						\
CITY-ST-ZIP			3.3 \$1	REET.	AL URESS				
TITLE				REET. ITY-ST					
NAME		☐ DELETE		ITY-ST			☐ Chai	ge	Addition
STREET ADDRESS		☐ DELETE	3.4. C	ITY-ST			Char	ige	Addition
		☐ DELETE	3.4. Cl 4.1 Til 4. 2 N	ITY-ST TLE AME			Char	ige	☐ Addition
CITY-ST-ZIP		☐ DELETE	3.4. Cl 4.1 TII 4. 2 No 4.3 ST	ITY-ST TLE AME	AI: PRESS		☐ Char	ige	Addition
CITY-ST-ZIP		☐ DELETE	3.4. Cl 4.1 TII 4. 2 No 4.3 ST	ITY-ST ILE AME TREET	AI: PRESS		Char		Addition
			3.4. CI 4.1 TII 4.2 N 4.3 ST 4.4 CI	ITY-ST ILE AME TREET. TY-ST-	AI: PRESS		,		
TITLE			3.4. C 4.1 TII 4. 2 N 4.3 ST 4.4 CI 5.1 TI 5.2 N	ITY-ST TLE AME TREET, TY-ST- TLE AME	AI: PRESS		,		
TITLE NAME			3.4. CI 4.1 TII 4.2 N 4.3 ST 4.4 CI 5.1 TII 5.2 N 5.3 ST	ITY-ST TLE AME TREET, TY-ST- TLE AME	AL PRESS		☐ Char	nge	Addition
TITLE NAME STREET ADDRESS			3.4. CI 4.1 TII 4.2 N 4.3 ST 4.4 CI 5.1 TII 5.2 N 5.3 ST	ITY-ST	AL PRESS		,	nge	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	3.4. C 4.1 TH 4.2 N 4.3 ST 4.4 CF 5.1 TF 5.2 NA 5.3 ST 5.4 CF	TY-ST- TLE AME TY-ST- TLE AME TY-ST- TLE TY-ST- TLE	AL PRESS		☐ Char	nge	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		☐ DELETE	3.4. CC 4.1 TII 4. 2 N. 4.3 ST 4.4 CF 5.1 TI 5.2 N. 5.3 ST 5.4 CF 6.1 TII 6.2 N. 4.4 CF 6.4 TII 6.4	TY-ST- TLE TREET. TY-ST- TLE TY-ST- TY-ST- TLE TY-ST- TLE	AL PRESS		☐ Char	nge	Addition

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.

SIGNATURE: