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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S40891 1. Corporation Name

DONNA HANAUER REALTY AND DEVELOPMENT CORP.

Principal Place of Business Mailing Address P.O BOX 2273 3332 SE INLET HARBER TERR PALM CITY FL 34991 STUART FL 34996 U\$ 3. Date Incorporated or Qualifed

FILED								
Apr 26, 1999 8:00 am								
Secretary of State								

04-26-1999 90034 001 ***150.00



DO NOT WRITE IN THIS SPACE

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					03/25/1991		}	
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	Ap	plied For	
.,}	26				65-0254520	No	t Applicable	
Suite, Apt.				5. Certificate of Status Desired \$8.75 Additional Fee Required				
City & State City & State			-		6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added t		
Zip	Country	Zip	Cou	ntry	8. This corporation owes the current year Int	angible		
	25	29 30			Personal Property Tax.	ŬYes		
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered	Agent		
2165	AUER, DONNA S-SW-MAPP-RD H-CITY-FL-34990			81 Name 82 Street Addre 3 3 3 83	Anguer Donc ess (P.O. Box Number is Not Acceptable) SE Inlet Harbur	Terr		
				84 City			Code	
					tuart FL		996	
office or re	to the provisions of Sections 607.0502 and the grant agent, or both, in the State of m familiar with, and accept the obligation.	Florida. Such change was auth	orized	i by the corporatio	oration submits this statement for the purpose of in's board of directors. I hereby accept the appoi	ntment as re	gistered	
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: Re	gistered	Agent signature required	I when reinstating) DATE			€
12.		AND DIRECTORS 13.			ADDITIONS/CHANGES TO OFFICERS AF	ND DIRECTO		<u> </u>
TITLE	PST	☐ DELETE	1.1 TITLE			Change	☐ Addition	CR2E034 (11/98)
NAME	HANAUER, DONNA		1.2 N/	ME.				8
STREET ADORESS	2165 SW MAPP RD	ĺ	1.3 57	REET ADDRESS			}	8
CITY-ST-ZIP	PALM CITY FL		1.4 CI	TY-ST-ZIP				22
TITLE	D	☐ DELETE	2.1 TI	TLE		Change	Addition	S
NAME	HANAUER, DONNA		2.2 N/	WE				
STREET ADDRESS	2165 SW MAPP RD	'	2.3 ST	REET ADDRESS			1	
CITY-ST-ZIP	PALM CITY FL		2, 4 C	ITY-ST-ZIP				
TITLE			3.1 TI	TLE .		Change	☐ Addition	
NAME	HANAUER, RONALD J.		3.2 N	AME .			ļ	
STREET ADDRESS			3.3 S	REET ADDRESS			ļ	
CITY-ST-ZIP	PALM CITY FL		3.4. C	ITY-ST-ZIP				l
TITLE		☐ DELETE	4.1 Ti	TLE .		☐ Change	☐ Addition	
NAME			4.2 N	AME	•			
STREET ADDRESS			4.3 \$	TREET ADDRESS				i
CITY-ST-ZIP			4.4 C	TY-ST-ZIP				1
TITLE		☐ DELETE	5.1 TITLE			☐ Change	☐ Addition	
NAME.			5.2 N	AME				
STREET ADDRESS			5.3 S	TREET ADORESS			ı	
CITY-ST-ZIP			5.4 C	TY-ST-ZIP				
TITLE		☐ DELETÉ	6.1 TI	TLE		☐ Change	☐ Addition	
NAME			6.2 N	AME				
STREET ADDRESS			6.3 S	TREET ADDRESS				

CITY-ST-ZIP 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.

6.4 CITY-ST-ZIP

SIGNATURE: