FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 JUL 12 AM 8:16
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **S80425** **(9)**

1. Corporation Name

LAW OFFICES OF ROBERT S. HANNAN, A PROFESSIONAL ASSOCIATION

Principal Place of Business
633 S.E. 3RD AVENUE
4R
FORT LAUDERDALE FL 33301

Mailing Address
~~P.O. BOX 1441~~
~~FT. LAUDERDALE FL 33302-1441~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/16/1991
3a. Date of Last Report: 06/21/1994

2. Principal Place of Business
21: 333 N. New River Dr, E.
22 Suite, Apt. #, etc.: 2200
23 City & State: Fort Laud, Fl
24 Zip: 33301
25 Country: US

2a. Mailing Address
27 Suite, Apt. #, etc.: Place of Bus
28 City & State:
29 Zip:
30 Country:

4. FEI Number: 65-0250641 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

HANNAN, ROBERT S.
633 SE 3RD AVE., 4R
FT LAUDERDALE FL 33301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 333 N. New River Dr., E
83: Suite 2200
84 City: Fort Lauderdale FL 85 Zip Code: 33301

11. Pursuant to the provisions of Sections 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] 5/12/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D ☑ Change ☐ Addition
NAME	HANNAN, ROBERT S.	1.2 NAME	HANNAN, Robert S
STREET ADDRESS	633 SE 3RD AVE., 4R	1.3 STREET ADDRESS	333 N. New River Dr. E
CITY-ST-ZIP	FT LAUDERDALE FL	1.4 CITY-ST-ZIP	Ft. Laud, Fl 33301
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	100001536011
STREET ADDRESS		2.3 STREET ADDRESS	-07/12/95--01073--012
CITY-ST-ZIP		2.4 CITY-ST-ZIP	****225.00 ****225.00
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: [signature] Robert S. HANNAN 5/12/95 305 467-0424
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone #

0432054 FP