

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # V30165

(7)

1. Corporation Name

HANDERBERG & DARING, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 19 AM 8:20

Principal Place of Business

6240 S. TEX POINT
HOMOSASSA FL 34440
US

Mailing Address

6240 S. TEX POINT
HOMOSASSA FL 34440
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

26 Mailing Address

6240 S. TEX POINT, INC

22

City & State

23

Zip

24

9. Name and Address of Current Registered Agent

FILINGS INC
3732 NW 18TH ST
FT LAUDERDALE FL 33311

3. Date Incorporated or Qualified

04/21/1992

3a. Date of Last Report
04/01/1994

4. FEI Number
59-3118130

Applied For
 Not Applicable

5. Certificate of Status Required
 \$8.75 Additional Fee Required

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

7. This corporation has liability for inheritance tax under § 19813(d).
Florida Statutes
 Yes
 No

10. Name and Address of New Registered Agent

01	Name
02	Street Address: 01 O' Room Number is Not Acceptable
03	
04	City
05	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits the 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, am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE:

Signature, Print or Type Name of Registered Agent and the Date of Birth

Date of Registered Agent's appointment or reappointment

Date

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS
TITLE	DT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NABER, BETTE JO	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	6240 S. TEX POINT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY ST ZIP	HOMOSASSA FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NABER, HAROLD P.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	6240 S. TEX POINT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY ST ZIP	HOMOSASSA FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	DP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRICK, DOUGLAS B.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	6240 S. TEX POINT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY ST ZIP	HOMOSASSA FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	V	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREY, CYNTHIA B	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	6240 S. TEX POINT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY ST ZIP	HOMOSASSA FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRICK, ANGELA M.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	6240 S. TEX POINT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY ST ZIP	HOMOSASSA FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY ST ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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(4)(b), 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:

Douglas Ralnick Pres. Dir.

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/95

904-628-2076

Exhibit D-1