

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

FILED
Mar 13 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V30165

(7)

1. Corporation Name

HANDERBERG & DARING, INC.

Principal Place of Business

6240 S. TEX POINT
HOMOSASSA FL 34448
US

Mailing Address

6240 S. TEX POINT
HOMOSASSA FL 34448-5922
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/21/1992		3a. Date of Last Report 04/09/1996	
21		26		4. FEI Number 59-3118130		Applied For Not Applicable	
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Zip	25. Country	29. Zip	30. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
FILINGS INC 3732 NW 16TH ST FT LAUDERDALE FL 33311				81 Name ROBERT SCHLUNBERGER			
				82 Street Address (P.O. Box Number is Not Acceptable) 6220 W CORPORATE OAKS DR			
				83			
				84 City CRYSTAL RIVER FL 85 Zip Code 34429			

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 *Robert Schlunberger* (NOTE: Registered Agent signature required when reinstating) DATE 3-11-97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NABER, BETTE JO	1.2 NAME	
STREET ADDRESS	6240 S. TEX POINT	1.3 STREET ADDRESS	
CITY-ST-ZIP	HOMOSASSA FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NABER, HAROLD P.	2.2 NAME	
STREET ADDRESS	6240 S. TEX POINT	2.3 STREET ADDRESS	
CITY-ST-ZIP	HOMOSASSA FL	2.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRICK, DOUGLAS B.	3.2 NAME	
STREET ADDRESS	6240 S. TEX POINT	3.3 STREET ADDRESS	
CITY-ST-ZIP	HOMOSASSA FL	3.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHELT, CYNTHIA B	4.2 NAME	
STREET ADDRESS	6240 S TEX PT	4.3 STREET ADDRESS	
CITY-ST-ZIP	HOMOSASSA FL	4.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRICK, ANGELA M.	5.2 NAME	
STREET ADDRESS	6240 S TEX POINT	5.3 STREET ADDRESS	
CITY-ST-ZIP	HOMOSASSA FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE *HAROLD P. NABER* 3/10/97 (352) 621-7500

CR2E034 (9/96)