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 APR 18 PM 4:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V42687** **(6)**

1. Corporation Name
HANNA/MOORMAN, INC.

Principal Place of Business	Mailing Address
7341 SW 67TH CT MIAMI FL 33143	7341 SW 67TH CT MIAMI FL 33143

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/10/1992**
3a. Date of Last Report: **04/20/1994**

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc 22 190 EDGEWATER DRIVE	Suite, Apt. #, etc 27 PO BOX 113625
City & State 23 CORAL GABLES, FLORIDA	City & State 28 MIAMI FLORIDA
24 Zip 33133	25 Country USA
	29 Zip 33111
	30 Country USA

4. FEI Number: **65-0344059** ☐ 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	10. Name and Address of New Registered Agent
ASCHENBRENNER, RICHARD W. 9130 S DADELAND BLVD SUITE 1209 MIAMI FL 33156	81 Name: WILLIAM HEAD 82 Street Address (P.O. Box Number is Not Acceptable): 8351 WEST BROWARD BLVD #207 83 84 City: PLANTATION FL 85 Zip Code: 33324

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: WILLIAM HEAD — DATE: 4/12/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	D ☒ Change ☐ Addition
NAME	HANNA, REA CHRISTOPHER	12 NAME	HANNA, REA CHRISTOPHER
STREET ADDRESS	9225 SW 78TH CT	13 STREET ADDRESS	8202 SW 85 TERRACE
CITY ST ZIP	MIAMI FL	14 CITY ST ZIP	MIAMI, FLORIDA 33156
TITLE	D	21 TITLE	D ☒ Change ☐ Addition
NAME	MOORMAN, RONALD FRANK	22 NAME	MOORMAN, RONALD FRANK
STREET ADDRESS	7341 SW 67TH CT	23 STREET ADDRESS	190 EDGE WATER DRIVE
CITY ST ZIP	MIAMI FL	24 CITY ST ZIP	CORAL GABLES, FLORIDA 33133
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

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 above, or on an attachment with an address.

SIGNATURE: 4/12/95 Date 305-347-2011 Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF MOORMAN OFFICER OR DIRECTOR
RONALD F. MOORMAN

0154308 CP