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PROFIT CORPORATION ANNUAL REPORT

1996

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

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V49643 (2)

1. Corporation Name
HASNER REALTY CORPORATION

REINSTATEMENT 9e

Principal Place of Business	Mailing Address
135 SE 5TH AVENUE SUITE 200 DELRAY BEACH FL 33483	135 SE 5TH AVENUE SUITE 200 DELRAY BEACH FL 33483

3. Date Incorporated or Qualified: 07/10/1992
3a. Date of Last Report: 04/17/1995
4. FEI Number: 65-0356457 ☐ 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

2. Principal Place of Business	2a. Mailing Address
21 1 S.E. 4th Ave	26 1 S.E. 4th Ave
22 Suite 212	27 Suite 212
23 Delray Beach, FL	28 Delray Beach, FL
24 Zip 33483	29 Zip 33483
25 Country Palm Beach	30 Country Palm Beach

9. Name and Address of Current Registered Agent

HASNER, JAY
135 SE 5TH AVE., STE. 200
DELRAY BEACH FL 33483

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable) 1 SE 4th AVE - #212
33
34 City DELRAY BEACH 35 FL 36 Zip Code 33483

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 JAY HASNER 11-15-96
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	PD	☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	HASNER, LLOYD		1.2 NAME	
STREET ADDRESS	135 SE 5TH AVE. #200		1.3 STREET ADDRESS	1 S.E. 4th Avenue
CITY-ST-ZIP	DELRAY BEACH FL		1.4 CITY-ST-ZIP	Delray Beach, FL 33483
TITLE	STV	☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	HASNER, LLOYD		2.2 NAME	
STREET ADDRESS	135 SE 5TH AVE. #200		2.3 STREET ADDRESS	1 S.E. 4th Avenue
CITY-ST-ZIP	DELRAY BEACH FL		2.4 CITY-ST-ZIP	Delray Beach, FL 33483
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	500002011655--9
CITY-ST-ZIP			4.4 CITY-ST-ZIP	-11/21/96--01097--008 **375.00 **375.00
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	YB 11-19-96

CR2E034 (12/95)

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] 11-19-96 561-272-1202
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Phone #
LLOYD HASNER