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FILED

**Jan 17 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # F95000005087 (0)
1. Corporation Name
HANBURY EVANS NEWILL VLATTAS & COMPANY, INC.



Principal Place of Business: **120 ATLANTIC ST. NORFOLK VA 23510**
Mailing Address: **120 ATLANTIC ST. NORFOLK VA 23510-1711**

3. Date Incorporated or Qualified: **10/19/1995**
3a. Date of Last Report: **05/01/1996**
4. FEI Number: **54-1099578**
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
21. []
Suite, Apt. #, etc.: []
22. []
City & State: []
23. []
Zip: [] Country: []
24. [] 25. []
2a. Mailing Address
26. []
Suite, Apt. #, etc.: []
27. []
City & State: []
28. []
Zip: [] Country: []
29. [] 30. []

9. Name and Address of Current Registered Agent
**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent
81. Name: []
82. Street Address (P.O. Box Number is Not Acceptable): []
83. []
84. City: []
85. Zip Code: **FL** []

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> DELETE
NAME	HANBURY, JPC	
STREET ADDRESS	208 WASHINGTON ST.	
CITY - ST - ZIP	PORTSMOUTH VA 23704	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	EVANS, S. MICHAEL	
STREET ADDRESS	18 WAGNER ROAD	
CITY - ST - ZIP	POQUOSON VA 23682	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	VLATTAS, NICHOLAS E	
STREET ADDRESS	102 FLAG CREEK ROAD	
CITY - ST - ZIP	YORKTOWN VA 23693	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	WRIGHT, JANE C	
STREET ADDRESS	1567 BLANFORD CIRCLE	
CITY - ST - ZIP	NORFOLK VA 23505	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: *Nuh Qulata*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: _____ Daytime Phone #: _____

CR2E034 (9/96)