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PROFIT CORPORATION ANNUAL REPORT 1997



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

FILED

97 OCT 27 AM 10:31

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **FL1344**
1. Corporation Name

HAWKHIRST ENTERPRISES INC

Principal Place of Business Mailing Address
C/O BARBARA B COOK
5050 GULF BLVD
ST PETERSBURG BEACH
FLORIDA 33706

3. Date Incorporated or Qualified **8/21/81** 3a. Date of Last Report **1/26/96**
4. FEI Number **59-2214213** 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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BARBARA B COOK
3725 42ND AVE S
ST PETERSBURG FL 33711

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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's signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	SECRETARY	<input type="checkbox"/> DELETE
NAME	COX, CAROLYN MOLLY	
STREET ADDRESS	HAWKHIRST ROAD	
CITY-ST-ZIP	KENLEY SURREY ENG	
TITLE	PRESIDENT	<input type="checkbox"/> DELETE
NAME	COX JOHN ALAN	
STREET ADDRESS	HAWKHIRST ROAD	
CITY-ST-ZIP	KENLEY SURREY ENG	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	400002331894--8
1.3 STREET ADDRESS	-10/28/97--01088--015
1.4 CITY-ST-ZIP	****165.00 ****165.00
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: **JOHN A. COX** 10/17/97 813 867 9111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)

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HAWKHIRST ENTERPRISES INC

U.S.A.: BARBARA B. COOK
3725 42ND AVE., S.
ST. PETERSBURG
FLORIDA 33711

(813) 866 9178

U.K.: JOHN COX
THE GATEWAY
HAWKHIRST ROAD
KENLEY
SURREY CR8 5DL
0181 660 6410

DIVISION OF CORPORATIONS
ANNUAL REPORTS SECTION
P.O.BOX 1500
TALLAHASSEE FL 32302-1500

17TH SEPTEMBER 1997

Dear Sirs,

I hope you can help me resolve a problem.

I enclose herewith documents just received via our Current Registered Agent, which, as you can see, I cannot complete.

I should also say that we have never received a first notice regarding this annual report.

Can you please reissue one or the other report forms, and sent it to our Resident Agent, whose mailing address in St. Petersburg is as above.

In case it helps, I can advise our FEI Number is 59-2214213

Yours faithfully,

For HAKWHIRST ENTERPRISES INC



JOHN A. COX
PRESIDENT