

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 JAN 24 PM 2:14

DOCUMENT # F94000004128 (4)

1. Corporation Name  
HICKORY HILLS INDUSTRIES INC.

Principal Place of Business: 17065 NORTHWAY CIRCLE, BOCA RATON FL 33496  
Mailing Address: 17065 NORTHWAY CIRCLE, BOCA RATON FL 33496

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/09/1994  
3a. Date of Last Report: \_\_\_\_\_

2. Principal Place of Business  
21 1700 NW 64 ST  
2a. Mailing Address  
2a SAME

4. FEI Number: 13-1308440  
Applied For: \_\_\_\_\_  
Not Applicable: \_\_\_\_\_

22 Fort Lauderdale FL  
27 State, Apt. #, etc. City & State

5. Certificate of Status Desired:  \$8.75 Additional Fee Required

23 33309  
28 Zip Country

6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees

24 Zip Country 25 Country 29 Zip Country 30

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

ENGELHARD, SHELDON ESQ  
5355 TOWN CENTER RD., #801  
BOCA RATON FL 33486

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
(NOTE: Registered Agent signature required when reconstituting)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: PD  
NAME: KASTEN, BERNARD  
STREET ADDRESS: 17065 NORTHWAY CIRCLE  
CITY - ST - ZIP: BOCA RATON FL 33496

1.1 TITLE:  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

TITLE: V  
NAME: KASTEN, ANDREW A  
STREET ADDRESS: 5851 HOLNBERG RD.  
CITY - ST - ZIP: PARKLAND FL 33087

2.1 TITLE:  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

TITLE: ST  
NAME: CLEMMONS, FRANK  
STREET ADDRESS: VINE ST.  
CITY - ST - ZIP: CLIFTON TN 37425

3.1 TITLE:  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

TITLE: DC  
NAME: WOLDENBERG, WILLIAM  
STREET ADDRESS: VINE ST.  
CITY - ST - ZIP: CLIFTON TN 37425

4.1 TITLE:  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

TITLE: \_\_\_\_\_  
NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY - ST - ZIP: \_\_\_\_\_

5.1 TITLE:  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

TITLE: \_\_\_\_\_  
NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY - ST - ZIP: \_\_\_\_\_

6.1 TITLE:  Change  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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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: *Bernard Kasten Pres.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1-19-95*  
DATE  
*305 493-8058*  
TELEPHONE NUMBER