FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **G05086** **(5)**

1. Corporation Name

HKI, INC.

Principal Place of Business

C/O C IOVINO
1701 N.W. MADRID WAY
BOCA RATON FL 33432

Mailing Address

C/O C IOVINO
1701 N.W. MADRID WAY
BOCA RATON FL 33432

3. Date Incorporated or Qualified: **10/20/1982**

3a. Date of Last Report: **05/01/1995**

4. FEI Number: **59-2420806** ☐ 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 elected to be taxed as an interstate bank under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 County 25

2a. Mailing Address

26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 County 30

9. Name and Address of Current Registered Agent

IOVINO, CLAUDIA
1701 N.W. MADRID WAY
BOCA RATON FL 33432

10. Name and Address of New Registered Agent

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 Section 607.0501, Florida Statutes, the above named person submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The above named person is familiar with and accepts the duties and responsibilities of registered agent under Florida Statutes.

SIGNATURE: X _____

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	KATZ, HARVEY	
STREET ADDRESS	301 SW 1ST ST. #D111	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	ST	☐ DELETE
NAME	IOVINO, CLAUDIA	
STREET ADDRESS	6364 AMBERWOODS DR.	
CITY-ST-ZIP	BOCA RATON FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE	☐ Change	☐ Addition
2 NAME		
3 STREET ADDRESS		
4 CITY-ST-ZIP		
5 TITLE	☐ Change	☐ Addition
6 NAME		
7 STREET ADDRESS		
8 CITY-ST-ZIP		
9 TITLE	☐ Change	☐ Addition
10 NAME		
11 STREET ADDRESS		
12 CITY-ST-ZIP		
13 TITLE	☐ Change	☐ Addition
14 NAME		
15 STREET ADDRESS		
16 CITY-ST-ZIP		
17 TITLE	☐ Change	☐ Addition
18 NAME		
19 STREET ADDRESS		
20 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing complies with the applicable requirements of Section 607.0501, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 with an indication that I am a new officer or director.

SIGNATURE: X _____ 4-5-96 407-950-6208

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number