

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 # **L45080** (3)

1. Corporation Name
HAKE GROUP, INC.



Principal Place of Business: **800 LAUREL OAK DR., SUITE 200 NAPLES FL 33963**
Mailing Address: **800 LAUREL OAK DR., SUITE 200 NAPLES FL 33963**

3. Date Incorporated or Qualified: **01/25/1990**
3a. Date of Last Report: **02/20/1995**

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

4. FEI Number: **59-2989878**
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

9. Name and Address of Current Registered Agent
**CORPORATION SERVICE COMPANY
1201 HAYES STREET
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 **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 607.0506, Florida Statutes.

SIGNATURE: _____ DATE: _____
Signature (print or print name of registered agent, if applicable) (20) Registered Agent signature, registered date (month/year) (21)

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	HAKE, JAMES D.
STREET ADDRESS	715 TEAL COURT
CITY - ST - ZIP	NAPLES FL
TITLE	VD <input type="checkbox"/> DELETE
NAME	HAKE, FRANK W., III
STREET ADDRESS	1500 CHESTER PIKE
CITY - ST - ZIP	EDDYSTONE PA
TITLE	S <input type="checkbox"/> DELETE
NAME	RITSERT, MARY I.
STREET ADDRESS	1500 CHESTER PIKE
CITY - ST - ZIP	EDDYSTONE PA
TITLE	D <input type="checkbox"/> DELETE
NAME	SCHWERTNER, RICHARD
STREET ADDRESS	1500 CHESTER PIKE
CITY - ST - ZIP	EDDYSTONE PA
TITLE	D <input type="checkbox"/> DELETE
NAME	WINITSKY, LEON
STREET ADDRESS	1500 CHESTER PIKE
CITY - ST - ZIP	EDDYSTONE PA
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	POULTERER, DUANE
STREET ADDRESS	1500 CHESTER PIKE
CITY - ST - ZIP	EDDYSTONE PA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY - ST - ZIP	
2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY - ST - ZIP	
3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY - ST - ZIP	
4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY - ST - ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY - ST - ZIP	
6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. 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 119.07(3)(k), 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: *Mary I. Ritsert* **MARY I. RITSERT** 4-17-96 610-876-9292
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAY DAY OF THE PREVIOUS YEAR

CR2E034 (12/95)