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May 09 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 # 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 34108-2713

3. Date Incorporated or Qualified: 01/25/1990
3a. Date of Last Report: 04/23/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number: 59-2989878		Applied For: <input type="checkbox"/> Not Applicable	
21. Suite, Apt #, etc		26. Suite, Apt #, etc		5. Certificate of Status Desired: <input type="checkbox"/>		\$8.75 Additional Fee Required	
22. City & State		27. City & State		6. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23. Zip		28. Zip		29. Country		30. Country	
24. Zip		25. Country		29. Zip		30. Country	

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			
				85. FL		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: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	HAKE, JAMES D.	1.1 TITLE:	
NAME:	715 TEAL COURT	1.2 NAME:	
STREET ADDRESS:	NAPLES FL	1.3 STREET ADDRESS:	
CITY- ST- ZIP:		1.4 CITY- ST- ZIP:	
TITLE: VD	HAKE, FRANK W., III	2.1 TITLE:	
NAME:	1500 CHESTER PIKE	2.2 NAME:	
STREET ADDRESS:	EDDYSTONE PA	2.3 STREET ADDRESS:	
CITY- ST- ZIP:		2.4 CITY- ST- ZIP:	
TITLE: S	RITSERT, MARY I.	3.1 TITLE:	
NAME:	1500 CHESTER PIKE	3.2 NAME:	
STREET ADDRESS:	EDDYSTONE PA	3.3 STREET ADDRESS:	
CITY- ST- ZIP:		3.4 CITY- ST- ZIP:	
TITLE: D	SCHWERTNER, RICHARD	4.1 TITLE:	
NAME:	1500 CHESTER PIKE	4.2 NAME:	
STREET ADDRESS:	EDDYSTONE PA	4.3 STREET ADDRESS:	
CITY- ST- ZIP:		4.4 CITY- ST- ZIP:	
TITLE: D	WINITSKY, LEON	5.1 TITLE:	
NAME:	1500 CHESTER PIKE	5.2 NAME:	
STREET ADDRESS:	EDDYSTONE PA	5.3 STREET ADDRESS:	
CITY- ST- ZIP:		5.4 CITY- ST- ZIP:	
TITLE:		6.1 TITLE:	
NAME:		6.2 NAME:	
STREET ADDRESS:		6.3 STREET ADDRESS:	
CITY- ST- ZIP:		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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: MARY I. RITSERT 4-28-97 610-876-9292
Date: _____ Daytime Phone: _____

CR2E034 (9/96)