SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

FILED
Aug 05 1996 8:00 am
Secretary of State

DOCUMENT # 662875

1. Corporation Name

HNK Associates, Inc.

Principal Place of Business | Mailing Address

3. Date Incorporated or Qualified: 5-29-80
3a. Date of Last Report: 4-17-95

2. Principal Place of Business
21: 5904 Timber Valley Dr.
22: Suite, Apt. #, etc:
23: City & State: Lake Worth, Fl.
24: Zip: 33463
25: Country: USA

2a. Mailing Address
26: P.O. Box 6199
27: Suite, Apt. #, etc:
28: City & State: Lake Worth, Fl.
29: Zip: 33466
30: Country: USA

4. FEI Number: 59-2257823 ☐ 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

Sapir, M. Richard
1645 P. B. Lakes Blvd. #1200
West Palm Beach, Fl. 33401

10. Name and Address of New Registered Agent

81 Name: Rauch, Norman
82 Street Address (P.O. Box Number is Not Acceptable): 3450 S. Ocean Blvd. #522
83:
84 City: Palm Beach, FL 85 Zip Code: 33480

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: Norman Rauch — 8-1-96
Signature, type or print name of reg. agent, and title if applicable — (DATE) Registered Agent signature required when changing

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE		☒ Change ☐ Addition
1	P-S-T Rauch, Norman 5695 Autumn Ridge Road Lake Worth, Fl. 33463	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY, ST, ZIP	P-S-T Rauch, Norman 3450 S. Ocean Blvd. #522 Palm Beach, Fl. 33480
2	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY, ST, ZIP	☒ Change ☐ Addition D Rauch, Norman 3450 S. Ocean Blvd. #522 Palm Beach, Fl. 33480
3	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY, ST, ZIP	☐ Change ☐ Addition
4	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY, ST, ZIP	☐ Change ☐ Addition
5	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY, ST, ZIP	☐ Change ☐ Addition 600001912736 -08/05/96--01038--022 ***225.00
6	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY, ST, ZIP	☐ Change ☐ Addition S-S-A JR

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Norman Rauch — 8-1-96 — 966-3249
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number