

FILE NQW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED

97 JUL -7 PM 3:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 662875

1. Corporation Name

HNK ASSOCIATES, INC.

Principal Place of Business

**5904 TIMBER VALLEY DRIVE
LAKE WORTH, FLORIDA 33466**

Mailing Address

P.O. BOX 6199

3. Date Incorporated or Qualified
MAY 29, 1980

3a. Date of Last Report
APRIL 30, 1997

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

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

10. Name and Address of New Registered Agent

NORMAN RAUCH

**5904 TIMBER VALLEY DRIVE
LAKE WORTH, FLORIDA 33466**

81 Name

HARRY RAUCH

82 Street Address (P.O. Box Number is Not Acceptable)

5904 TIMBER VALLEY DRIVE

83

84 City

LAKE WORTH

FL

85 Zip Code

33466

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 constituting)

Date

7/2/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PSTD** ☒ DELETE
NAME **NORMAN RAUCH**
STREET ADDRESS **3450 S. OCEAN BLVD. #522**
CITY- ST- ZIP **PALM BEACH, FLORIDA 33480**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE
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TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

11 TITLE **PSTD** ☐ Change ☒ Addition
12 NAME **HARRY RAUCH**
13 STREET ADDRESS **5904 TIMBER VALLEY DRIVE**
14 CITY- ST- ZIP **LAKE WORTH, FLORIDA 33466**

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY- ST- ZIP

31 TITLE **800002232449** ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY- ST- ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY- ST- ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY- ST- ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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

7/2/97

AD

CR2E034 (9/96)