FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 840330

1. Corporation	N. HAKE, INC.									
Principal Place of Business Mailing Address						4 100 to 1 20 to 2 20			. 4.4	
1500 CHESTER PIKE 1500 CHESTER PIKE										
EDDYSTONE PA	A 19022	EDDYSTONE PA 19022				DO NOT WRITE IN THIS	SPACE			
						Date Incorporated or Qualifed 04/03/1978		•		ı
2. Principal P	lace of Business	2a. Mailing Address	Mailing Address			4. FEI Number		Applied For		
21		26				23-1745638	<u> </u>		Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired			ditional	l
22		27 City & State				5, Certificate of Status Desired Fee Required				
City & Stat	e	City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zip	Country	7in	Zip Country			This corporation owes the current year Intangible				
24	25	29	30	,		Personal Property Tax.	☐ Yes	匚]No	
	9. Name and Address of Current		1			10. Name and Address of New Registered	Agent			i
				81	Name					
	CORPORATION SYSTEM			82	Street Addres	ss (P.O. Box Number is Not Acceptable)				1
	S. PINE ISLAND ROAD									
PLAI	NTATION FL 33324			83						ı
				84	City		85	Zip Co	de	
					•	F <u>l</u>	<u>- </u>			ĺ
office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State or familiar with, and accept the obligations.	it Florida. Silich change was a	aumonzeo	יעמנ	ine corboratior	ration submits this statement for the purpose o 's board of directors. I hereby accept the appo	i changing intment a	s regis	stered	
SIGNATURE		The state of the s	F 6: 374		t signature required	when reinstating) DATE				١.
12.	Signature, typed or printed name of registered agent OFFICERS AND		13.	Agen	signature requires	ADDITIONS/CHANGES TO OFFICERS A	ND DIRE	CTOR	\$ IN 12	
TITLE	V	☐ DELETE	1.1 71	TLE			☐ Char		Addition	} :
NAME	PRICE, JAMES	o. 1 0.11	1.2 N	AME		•				1
STREET ADDRESS	LAZA PODINE DO ISAO ("Lesti (YIL		1.3 \$	1.3 STREET ADDRESS						H
CITY-ST-ZIP	WILMINGTON DE EAC.	Store PA 1907	L ጊ 1.4 CI	TY-ST	r-ZIP					
TITLE	V			2.1 TITLE			Char	nge	Addition	· '
NAME	HANSEN, KNUD	61 Å. 60d	2.2 N	AME						ĺ
STREET ADDRESS		Chester Pike	2.3 S	TREET	ADDRESS					1
CITY-ST-ZIP	LANSDOWNE, PA-60000 Ed	dyston PA 190	LZ 2.40	ITY-S	T-ZIP				· ·	<u> </u> _
TITLE	S	J DELETE 31TI		TLE			[] Chai	ıg e	Addition	
NAME	0EWIE, 71011		3.2 N							
STREET ADDRESS	- 1 1 1 00 100 m			3.3 STREET ADDRESS						
CITY-ST-ZIP	TALDAIT IA	DELETE	9	ITY-S	T-ZIP		Cha	nge.	Addition	
TITLE	AS CAROLVAI) UDELETE	4.1 7					95		
NAME	LERARIO, CAROLYN	Chaster Pika	4.21							(
STREET ADDRESS				4.3 STREET ADDRESS 4.4 CITY-ST-ZIP						
CITY-ST-ZIP	V EMPTHS, THEODOUT ESSA	ystone PA 1902	5.1 Ti		1-21		[] Cha	nge	Addition	
TITLE NAME	DETDIC WILLIAM I	J ,	5.2 N				-	-		l
STREET ADDRESS	I COL	Chester Pike	5.3 S		ADDRESS					
CITY-ST-ZIP	CHERRY HILL, NJ 99000 E	daystor PA 1902	12. 54 C	ITY-S	r-zip (
		~ 	6.1 T	TLE			Chai	nae	Addition	1
TITLE	1 PH)	- / DELETE	V.1 11			•		.5-	_	
TITLE NAME	PTD Hake II, Frank W	so chester file	6.2 N			•		-5-	_	

CITY-ST-ZIP FOFTSTOWN, PA 60000 Education (A 1902) 64 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filling 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, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

FILED

Mar 06, 1999 8:00 am Secretary of State

03-06-1999 90045 017 ***150.00