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 # G35924 1. Corporation Name

HAWK'S CAY MANAGEMENT, INC.

Principal Pilocs of Business Mailling Address POLIFARD S. SAMPLE RD. SURE 20 SURE 200 S	IMMILO	OAT MANAGEMENT, INC.					
SUITE 200 POMPAND BEACH FL 30064 POMPAND BEAC	Principal Place	e of Business	Mailing Address		- I I I I I I I I I I I I I I I I I I I	?t: \$1811 #4214 G1511 61611 61611	-
3. Date incorporated or Quellied Od/26/1983 2. Principal Place of Business	SUITE 200 SUITE 200		w.	DO NOT WRITE IN T	HIS SPACE		
Suita, Apt. #, etc.	POMPANO BEA	CH FL 33064	POMPANO BEACH FL 30	,04 -	3. Date Incorporated or Qualifed		
Sulfe, Apt. #, etc. Sulfe, Apt. #, etc.	2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied Fo	or
Suite, Apt. #, etc. Suite, Apt. #, etc.	21	•	26		59-2293980		
City & State City & State 28 28 28 29 20 20 20 20 20 20 20	Suite, Apt.	#, etc.	— — · · · ·		5. Certificate of Status Desired	~~	al
Zero		e			6. Election Campaign Financing	\$5.00 May Br	a
Zip Country Zip Country 2 30	23		28		Trust Fund Contribution	Added to Fees	
9. Name and Address of Current Registered Agent JOHNSON, DONALD H. 150 E: SAMPLE ROAD, STE 2000 3. HAWK'S CAY POMPANO BEACH FL 33064 41. 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 agent, or registered agent, or both, in the State of Florida. Such change was authorized by the corporations submits this statement for the purpose of changing its registered agent, and accept the colligations of, Section 607,0502, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, and accept the colligations of, Section 607,0502, Florida Statutes, the above-named corporations submits this statement for the purpose of changing its registered agent, and accept the colligations of, Section 607,0502, Florida Statutes, the above-named corporations submits this statement for the purpose of changistered agent, and accept the colligations of, Section 607,0502, Florida Statutes, the above-named corporation submits this statement for the purpose of changistered agent, and accept the colligations of, Section 607,0502, Florida Statutes, the above-named corporation submits this statement for the purpose of changistered agent, and accept the corporation submits this statement for the purpose of changistered agent, and accept the appointment as registered agent, and accept the corporation submits this statement for the purpose of changistered agent, and accept the corporation submits this statement for the purpose of changistered agent, and accept the appointment as registered agent, and accept the corporation submits this statement for the purpose of changistered agent, and accept the corporation submits this statement for the purpose of changistered agent, and accept the corporation as the corporation and accept the corporation as the corporation and accept the corporation as the corporation and accept the corporation and accept the corporation an			Zip		1 7		
JOHNSON, DONALD H. 150 E. SAMPLE ROAD, STE 200 % HAWK'S CAY POMPANO BEACH FL 33064 84 City FL 85 Zircet Address (P.O. Box Number is Not Acceptable) 86 Zircet Address (P.O. Box Number is Not Acceptable) 87 Address (P.O. Box Number is Not Acceptable) 88 Zircet Address (P.O. Box Number is Not Acceptable) 89 Zircet Address (P.O. Box Number is Not Acceptable) 80 Zircet Address (P.O. Box Number is Not Acceptable) 81 August 2 Zircet Address (P.O. Box Number is Not Acceptable) 82 Zircet Address (P.O. Box Number is Not Acceptable) 83 Zircet Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zir Code 86 Zircet Address (P.O. Box Number is Not Acceptable) 86 Zircet Address (P.O. Box Number is Not Acceptable) 87 Zircet Address (P.O. Box Number is Not Acceptable) 88 Zircet Address (P.O. Box Number is Not Acceptable) 89 Zircet Address (P.O. Box Number is Not Acceptable) 80 Zircet Address (P.O. Box Number is Not Acceptable) 80 Zircet Address (P.O. Box Number is Not Acceptable) 81 Zircet Address (P.O. Box Number is Not Acceptable) 82 Zircet Address (P.O. Box Number is Not Acceptable) 83 Zircet Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zircet Address (P.O. Box Number is Not Acceptable) 85 Zircet Address (P.O. Box Number is Not Acceptable) 86 Zircet Address (P.O. Box Number is Not Acceptable) 87 Zircet Address (P.O. Box Number is Not Acceptable) 88 Zircet Address (P.O. Box Number is Not Acceptable) 89 Zircet Address (P.O. Box Number is Not Acceptable) 80 Zircet Address (P.O. Box Number is Not Acceptable) 80 Zircet Address (P.O. Box Number is Not Acceptable) 81 Zircet Address (P.O. Box Number is Not Acceptable) 82 Zircet Address (P.O. Box Number is Not Acceptable) 83 Zircet Address (P.O. Box Number is Not Acceptable) 84 Zircet Address (P.O. Box Number is Not Acceptable) 85 Zircet Address (P.O. Box Number is Not Acceptable) 86 Zircet Address (P.O. Box Number is Not Acceptable) 87 Zircet Address (P.O. Box Number is Not Acceptable) 88 Zircet Address (P.O. Box Number i	24			30			\dashv
OHNSON, DONALD H. 150 E. SAMPLE ROAD, STE 200 56 E. SAMPLE ROAD, STE				81 Name	10. Name and Address of New Neglates	- Tangoni	\neg
## NAWK'S CAY POMPANO BEACH FL 33084 ## City		NSON, DONALD H	,	82 Street Add	ress (P.O. Box Number is Not Acceptable)		
POMPANO BEACH FL 33064 84 City FL 85 Zip Code 1.1 Pursuant to the provisions of Sections 607,1502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing lis 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 607,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing lis registered agent. I am familiar with, and accept the obligations of, Section 607,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing lis registered agent. I am familiar with, and accept the obligations of, Section 607,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing lis registered agent. I am familiar with, and accept the obligations of, Section 607,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing lis registered agent. I am familiar with, and accept the obligations of section 607,1508, Florida Statutes. Intermit familiar with, and accept the obligations of section 607,1508, Florida Statutes. Comparisor of directors. Date Statutes Date Statutes Date Statutes Date Statutes Date Statutes Date				83	*** *** *** *** *** *** *** *** *** **		15.83
### Addition ### A						5. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10	
office or registered agent, or both, in the State of Horinas, Joan familiar with, and accept the obligations of, Section 607,0505, Florada Statutes. SIGNATURE Signature, hyped or printed name of registered agent and title if applicable. (NOTE: Registered Apent signature required when reinstating). 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE		,		[]		= [_ 	ŀ
Signature, typed or printed name of registered agent and tile if applicable. (NOTE: Registered Agent signature registered Addition Additi	Affino or r	rogictored agent of both in the State	or Fiorida. Such change was	AUTHORIZED BY THE COMPORAR	poration submits this statement for the purposion's board of directors. I hereby accept the a	of changing its registe oppointment as registered	red d
TITLE	SIGNATURE	Stgnature, typed or printed name of registered age	nt and title if applicable. (NO	FE: Registered Agent signature require	37 1 1 1		
TITLE	12.						
STREET ADDRESS 150 E SAMPLE RD #200	TITLE	, ·	☐ DELETE			□ Change □ A	adalon
CITY-ST-ZIP POMPANO BCH, FL 00000	NAME						
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 3.1 TITLE 3.2 NAME 3.2 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE 3.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 4.1 TITLE ADDRESS CITY-ST-ZIP TITLE DELETE 4.2 NAME 4.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 4.4 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP Change Addition	STREET ADDRESS						
NAME		PUMPANU BUH, FL 00000	□ DELETE			☐ Change ☐ A	ddition
STREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		·					
2.4 CITY-ST-ZIP							
DELETE S1 TITLE Change Addition NAME STREET ADDRESS S1 TITLE Change Addition STREET ADDRESS S1 TITLE S1 TITLE S1 TITLE TITLE DELETE S1 TITLE Change Addition NAME STREET ADDRESS S1 TITLE S1 TITLE STREET ADDRESS S1 TITLE S1 TITLE S1 TITLE STREET ADDRESS S1 TITLE S1 TITLE S1 TITLE STREET ADDRESS S2 NAME S1 TITLE S1 NAME STREET ADDRESS S2 NAME S1 TITLE S1 NAME STREET ADDRESS S2 NAME S1 NAME STREET ADDRESS S3 NAME S1 NAME STREET ADDRESS S4 CITY-ST-ZIP S4 CITY-ST-ZIP STREET ADDRESS S4 CITY-ST-ZIP	\ \	And the strength	r.				
NAME			☐ DELETE			Change A	Addition
3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 3.4 CITY-ST-ZIP	34.5			3.2 NAME		•	
34. CITY-ST-ZIP 34. CITY-ST-ZIP 34. CITY-ST-ZIP Addition Change Addition A	1.0			3.3 STREET ADDRESS	was the state of t	A. B. Chroniana	100
TITLE		MANAGER CONTRACTOR		3.4. CITY-ST-ZIP			,,
A3 STREET ADDRESS		The second secon	☐ DELETE	4.1 TITLE	१ कि हो है । इसिक्क इस के देख	Change S	Addition
Addition STREET ADDRESS A3 STREET ADDRESS A4 CITY-ST-ZIP Addition Change Addition	NAME			4.2 NAME			
DELETE DELETE S.1 TITLE Change Addition	STREET ADDRESS	1.43					
S2 NAME	CITY-ST-ZIP	, A					
STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP Change Addition			<u> </u>	4.3 STREET ADDRESS 4.4 CITY- ST-ZIP		· Change -	Addition
STREET ADDRESS S.4 CITY-ST-ZIP S.4 TITLE S.4 T	TITLE		<u> </u>	4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE		Change A	Addition
CITY-SI-ZIP Change Addition	TITLE NAME		<u> </u>	4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME		☐ Change ☐ Æ	Addition
TILE 1997 C. S. & Strain C. Delete With the Control of the Control	TITLE NAME STREET ADDRESS		<u> </u>	4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS	Kirita, Wilanda .	Change ☐ Æ	Addition

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

STREET ADDRESS

FILED

Feb 08, 1999 8:00am

Secretary of State

02-08-1999 90029 044 ***158.75