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 # **H29023**

1. Corporation Name

HRK TELECOM, BUSINESS INVESTMENT CONSULTANTS. IN

Principal Place of Business	Mailing Address					
I NE FIRST AVE. O BOX 1204 ALLANDALE FL 33009 S	P.O. BOX 1204 P O BOX 1204 HALLANDALE FL 33009 US					
2. Principal Place of Business	2a. Mailing Address					
Suite, Apt. #, etc.	Suite, Apt. #, etc.					
2	27					
City & State	City & State					
3	28					
Zip Country	Zip Country					
4 25	29 30					

Mar 26, 1999 8:00 am Secretary of State

03-26-1999 90004 019 ***158.75



C.												
Principal Place	e of Business	Ma	iling Address					- I SENIALE RUN INDIR LASIN BOUND FINDO HEN DURIN NUMBER ALANIN &	ABAT BIBIT BII	BEL BIBLI (BB)		
24 NE FIRST A		P.O	BOX 1204									
P O BOX 1204	¥£.		BOX 1204									
HALLANDALE FL 33009 HALLANDALE FL 33009								DO NOT WRITE IN THIS SPACE				
US		US						3. Date incorporated or Qualifed 11/02/1984				
2 Principal P	lace of Business	2a.	Mailing Address					4. FEI Number	App	lied For		
21 26 26							59-2480908	Not	Applicable			
Suite, Apt. #, etc. Suite, Apt. #, etc.							\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	8.75 Ac	dditional			
22							5. Certificate of Status Desired	Fee Req	uired			
City & State			City & State					6. Election Campaign Financing	\$5.00 N	May Be		
23		28						Trust Fund Contribution	Added to			
Zip	Country Zip			Cour	Country			8. This corporation owes the current year Intangible				
24	25 29			30				Personal Property Tax. ☐ Yes ☐ No				
	9. Name and Address of Currer	ıt Regist	ered Agent		,			10. Name and Address of New Registered Age	<u>nt</u>			
					81	Name						
	IOWSKI, HARRY			ŀ	82	Street	Addre	ess (P.O. Box Number is Not Acceptable)				
) Washington St.											
#120	••				83							
HOL	LYWOOD FL 33021			-	84	City		8	5 Zip C	ode		
					Ī	·		FL	[
11, Pursuant	to the provisions of Sections 607.050	2 and 60	7.1508, Florida Statut	es, the ab	ove	-named	corpo	oration submits this statement for the purpose of cha	nging its r	registered istored		
office or r	egistered agent, or both, in the State im familiar with, and accept the obliga	of Florid: itions of.	a. Such change was a Section 607.0505, Flo	utnorizea rida Statu	by tes.	тие согра	oration	n's board of directors. I hereby accept the appointme	an as reg	istered		
SIGNATURE	Signature, typed or printed name of registered age	nt and title if	applicable. (NOTE	: Registered	Agen	it signature r	equired	d when reinstating) DATE				
12.	OFFICERS AN	ID DIRE		13.				ADDITIONS/CHANGES TO OFFICERS AND D				
TITLE	PD		☐ DELETE	1.1 TIT	LE		ŀ	الما	Change	☐ Addition [
NAME	KOZLOWSKI, HARRY R.			1.2 NA	ME					ļ		
STREET ADDRESS		18		1.3 ST	REET	ADDRESS		**				
CITY-ST-ZIP	HOLLYWOOD FL 33021			1.4 CIT	Y-ST	F-ZIP			0			
TITLE	∤ VD		☐ DELETE	2.1 TIT	Œ			لبا	Change	☐ Addition		
NAME	KOZLOWSKI, RAQUEL			2.2 NA	ME							
STREET ADDRESS	3850 Washington St., #120	18		2.3 ST	REET	ADDRESS				{		
CITY-ST-ZIP.	HOLLYWOOD FL 33021			.2.4 CI	TY-S	T-ZIP						
TITLE	•		☐ DELETE	3.1 TIT	LE				Change	☐ Addition		
NAME				3.2 NA	ME					1		
STREET ADDRESS				3.3 ST	REET	FADDRESS						
CITY-ST-ZIP				3.4. CI	TY- <u>S</u>	T-ZIP	<u> </u>	<u> </u>				
TITLE		_	☐ DELETE	4.1 TET	LE				Change	Addition		
NAME				4. 2 NA	ME							
STREET ADDRESS				4.3 STI	REET	ADDRESS						
CITY-ST-ZIP				4.4 CIT	Y-51	T-ZIP	ļ			}		
TITLE			☐ DELETE	5.1 TIT			\		Change	☐ Addition }		
NAME				5.2 NA	ME	;	ļ			{		
STREET ADDRESS				5.3 ST	REET	ADDRESS		•		ĺ		
C/TY-ST-ZIP				5.4 CIT		T-ZIP						
TITLE			☐ DELETE	6.1 TIT	LΕ				Change	Addition		
NAME				6.2 NA	ME							
STREET ADDRESS				6.3 ST	REET	ADDRESS				f		

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 it 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 of 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, of the receiver of the corporation of the corpora

6.4 CITY-ST-ZIP

SIGNATURE: