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

PROFIT CORPORATION ANNUAL REPORT

1998

190 CHURCHILL AVE.

SATELLITE BEACH FL 32937-2163



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H76719

(4)

FKH & ASSOCIATES, INC.

Principal Place of Business Mailing Address

## FILED Jan 23 1998 8:00am Secretary of State



190 CHURCHILL AVE.
SATELLITE BEACH FL 32937-2163

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

							U9/ 19/ 1903					
2. Principal Place of Business			2a. Mailing Address				4. FEI Number	Applied For				
1			26				59-2777529	Not Applicable				
Suite, Apt, #, etc.			Suite, Apt. #, etc.				5. Certificate of Stafus Desired	\$8.75 Additional Fee Required				
City & State		28	City & State				Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees				
•	Zip Country	29	Zip	30 Cot	intry		8. This corporation owes or has paid the curre Personal Property Tax due June 30.	ent year Intangible Yes  \[ \] No				
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent						
HANSEN, FLEMMING K.					81	Name						
190 CHURCHILL AVE. SATELLITE BEACH FL 32937-2163						Street Address (P.O. Box Number is Not Acceptable)						
					84	City	FL	85 Zip Code				

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 Fiorida. 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				1		
	Signature, typed or printed name of registered agent and title if a			required when reinstating)	DATE	
12.	OFFICERS AND DIRECTO	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	DELETE	1.1 TITLE		Change	Addition
NAME	Hansen, Flemming K		1.2 NAME			
STREET ADDRESS	190 CHURCHILL AVE		1.3 STREET ADDRESS			
CITY - ST - ZIP	SATELLITE BEACH FL 32937		1.4 CITY-ST-ZIP			
TITLE	VST	DELETE	2.1 TITLE		☐ Change	Addition
NAME	Flemming, Hansen II K		2.2 NAME			
STREET ADDRESS	160 MELA LEVCA DR		2.3 STREET ADDRESS		~~	
CITY - ST - ZIP	SATELLITE BEACH FL		2, 4 CITY - ST - ZIP		, a .	
TITLE		☐ DELETE	3.1 TITLE		☐ Change	Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY - ST - ZIP			3.4. CITY - ST - ZIP			
TITLE		DÉLETE	4.1 TITLE		Change	Addition
NAME			4, 2 NAME			I
STREET ADDRESS			4.3 STREET ADDRESS			1
CITY-SY-ZIP			4.4 CITY - ST - ZIP			
TITLE		DELETE	5.1 TITLE		Change	Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY - ST - ZIP			
TITLE		DELETE	6.1 TITLE		☐ Change	Addition
NAME			6.2 NAME			ļ
STREET ADDRESS			6.3 STREET ADDRESS			-

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.

SIGNATURE: 7. K. HOWING BEOFR HANSE

1/12-98 (407) 777-0956

CR2E034 (10/97)