

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

FILED  
Feb 23, 1999 8:00 am  
Secretary of State

02-23-1999 90069 007 \*\*\*150.00

DOCUMENT # H79078

1. Corporation Name

HKF, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
3820-1 WILLIAMSBURG PARK BLVD JACKSONVILLE FL 32257		3820-1 WILLIAMSBURG PARK BLVD JACKSONVILLE FL 32257	
2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number
21 3830-5A WILLIAMSBURG PARK BLVD	26 3830-5A WILLIAMSBURG PARK BLVD	10/03/1985	59-2590334
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired	Applied For
		<input type="checkbox"/> \$8.75 Additional Fee Required	<input type="checkbox"/> Not Applicable
23 City & State	28 City & State	6. Election Campaign Financing	Trust Fund Contribution
23 Jacksonville, FL	28 Jacksonville, FL	<input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Zip	29 Zip	8. This corporation owes the current year Intangible	Personal Property Tax.
24 32257	29 32257	<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

KASSEL, SCOTT  
7894 HUNTERS GROVE RD  
JACKSONVILLE FL 32256

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KASSEL, SCOTT	1.2 NAME	SWT KASSEL
STREET ADDRESS	7894 HUNTERS GROVE RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	VP-SEC <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	MARY KASSEL
STREET ADDRESS		2.3 STREET ADDRESS	7894 HUNTERS GROVE RD
CITY-ST-ZIP		2.4 CITY-ST-ZIP	JACKSONVILLE FL 32256
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)