FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Scoretary of State DIVISION OF CORPORATIONS

1996

DOCUM 1. Corporation I			(5)					
HOOK	OHELK AGGOGIATES, IN	0.						
Principal Place o	of Business	Mailing Add	lress			H ADBILITA QUID UDDIA FINAN FANNO II	BIII BIBI BEBIL DIBIL BIBIE 30	811 81311 BIBIT 1881
P.O. BOX 17671 P.O. BOX 17671 CLEARWATER FL 34622-0671 CLEARWATER FL 3				622-0671				
						3. Date Incorporated or Qualified 07/09/1986	3a. Date of Last F 01/24/1	•
2. Principal Place of Business 2a. Mailing Address 25			Address			4. FEt Number 59-275625 0	Applied For Not Appl.cable	
Suite, Apt. #,	etc.	Suite, Ap	pt #, etc.			5. Certificate of Status Desired		5 Additional Required
City & State		City & S 28	tate			Election Campaign Financing Trust Fund Contribution	1 1	00 May Be ad to Fees
Zip Country Zip 24 25 29				Country 30				199.032,
	9. Name and Address of Current	Hegistered Ag	ent	81	Name	10. Name and Address of New I	Registered Agent	
ei mieri	LADOVE							
SUNSKI, LARRY E. 94 HARBOR OAKS CIR SAFETY HARBOR FL 34695				82	Street A	Address (P.O. Box Number is Not Acceptable)		
				84	84 City FL 85 Zip Code			
or registered familiar with SIGNATURE	diagent, or both, in the State of Familia, and accept the obligations of, Sectional acceptance of personals conjugated agests	a. Soch change: on 607,0505; Ho	was authorizi rida Statutes	ed by the corp ·	oration's b	poration submits this statement for the pulsard of directors. Thereby accept the applicative meeting	DATE	d agent. I am
12.	OFFICERS AND			13.	* cognitive const	ADDITIONS/CHANGES TO OF		DRS IN 12
TITLE	PD		DELETE	1 1 T TLF			☐ Change	Addition
NAME	SUNSKI, LARRY E.			1.2 NAME				
STREET ADDRESS	94 HARBOR OAKS CIR			13 STREET	ADDRESS			
CITY - ST - ZIP	SAFETY HARBOR FL			1.4 C(1Y - S	1 - 769		<u>-</u>	
TrILE	VSD		DELETE	2 1 THILE			Change	Addition
NAME	SUNSKI, MATTHEW J.			2.2 NAME				
STREET ADDRESS	1902 BUCCANEER STREET LONGVIEW TX			2.3 \$13661	ADDRESS	94 HARBOR CAKS C SACET HARBOR, FO	arcco	1
CITY - ST - ZIP	LONGVICTO IX		DELETE	2.4 C(TY - S	-1 - ZIF	SACET HARCEON, PI	Change	Addition
NAME		LJ	,	3 2 NAME			[] Chalige	LI Moditori
STREET ADDRESS				33 STREE	LADDRESS			
CITY - ST - ZIP				34011 5	j			
TIFLE			DELFTE	4 1 TITLE			☐ Change	Addition
NAME				4.2 NAME				_
STREET ADDRESS				4.3 \$18881	ADDRESS			
CITY - ST - ZIP				4.4.011 - S	1 - 716:			
TITLE		,	DELETE	5 THEF	Ţ		☐ Change	Addition
NAME				5.2 NAME				
STREET ADDRESS				5.3 STREET	ADDRESS			
CITY - ST - ZIP			I DELCT	5 4 Cily 9	(I - 216:			
TITLE		L	DELETE	6 1 Tifl F			Change	MollibbA
NAME CIDELLADORCES				6.2 NAME	IEDD422			
STREET ADDRESS				6.3 \$1R56 I				
CiTY-ST-ZiF	certify that the information supriled w	ith this blooms w	oluntaria, furn	ished and doe		y for the exemption stated in Section 119	07/29/L) Etorido Ctat.	too I further

room leady early that the information indicated on this arrual 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 cognization 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:

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRINTED WANTE OF SIGNING OFFICER OR DIRECTOR PRINTED WORKS