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

**PROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J64962

(0)

HGK ENTERPRISES, INC.

Principal Place of Business

Mailing Address

FILED
Apr 29 1997 8:00am
Secretary of State



807 N. HIGHLANDS DR. HOLLYWOOD FL 33021		307 N. HIGHLANDS DR. HOLLYWOOD FL 33021-6705				
				3. Date Incorporated or Qualified 04/01/1987	3a. Date of Last R 04/23/1996	eport
2. Principal Place of Business		2a. Mailing Address		4. FEI Number		plied For
21		26		59-2811700		
Sulte, Apt. #, etc.		Suite, Apt. #, etc. 27		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Stat		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 Added to	
Zip 24	Country <b>25</b>	Ζφ <b>29</b>	Country 30	8. This corporation has liability for in Florida Statutes	ntangible tax under s Yes	199.032,
	9. Name and Address of Curre	ent Registered Agent		10. Name and Address of New Reg	Istered Agent	
307 HOL	PES, HARRY N HIGHLANDS DR LYWOOD FL 33021		<b>83 84</b> City	dress (P.O. Box Number is Not Acceptable	FL 85 Zip t	
office or r agent. I a SIGNATURE	registered agent, or both, in the Sta im familiar with, and accept the obli- Signature speed or parties name of indestricts a	te of Florida. Such change was gations of, Section 607,050b, l gest and this if applicable (b)	s authorized by the corpor- forida Statiyles. OT: 14-9 stoned Agest signature req		the appointment as	registered
12.	OFFICERS A	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE		
TITLE	KAPPES, HARRY	☐ DELETE	1.1 TITLE		Change	Addition
NAME	307 N. HIGHLANDS DR.	•	1.2 NAME			
STREET ADDRESS	HOLLYWOOD FL		1.3 STREET ADDRESS			
CITY-ST-ZIP TITLE	ST	DELETE	1.4 CITY- \$T-7IP 2.1 TITLE		Change	Addition
NAME	KAPPES, GAIL		2 2 NAME		Onlange	L HUGHIO
STREET ADDRESS	307 N. HIGHLANDS DR.		2.3 STREET ADDRESS			
CITY-ST-ZIP	HOLLYWOOD FL		2. 4 City - S1 - ZiP			
TITLE		DELETE	3.1 TILLE		Change	Addition
NAME			3.2 NAME			
STREET ADDRESS			9.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. C(1Y+S1+Z)P			
TITLE		DELETE	4.1 TITLE		Change	Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 City - St - 7iP	<b></b>		
TITLE		L DELFTE	5.1 TITLE		☐ Change	Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP		Dilte	5.4 C/TY- \$1 - Z/P		70600	Kalasin.
TITLE		☐ DELETE	6 1 THE		☐ Change	Addition
NAME			6.2 NAME			•
STREET ADDRESS			6.3 STREET ADDRESS			1
CITY-ST-ZIP	<u>                                     </u>		64 CITY-ST-7/P			

Too 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 supplicatental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 it of langed, or on an attachment with an address