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

FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham FILED ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 98 JUL -7 MM 9: 49 1998 DOCUMENT # (0)J64962 CLORETAILY OF STATE PALLAHASSEE, FLORIDA HGK ENTERPRISES. INC. Principal Place of Business Mailing Address 307 N. HIGHLANDS DR. 307 N. HIGHLANDS DR. HOLLYWOOD FL 33021 HOLLYWOOD FL 33021 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/01/1987 2. Principal Place of Business 121 2645 5. UNIVESITY 2a, Mailing Address ABN C 4. FEI Number Applied For 59-2811700 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State)AVI-e City & State 6. Election Campaign Financing \$5.00 May Be Pl_ Trust Fund Contribution Added to Fees 23 28 Country 4 Žip Country 8. This corporation owes or has paid the current year Intangible 30 Yes Personal Property Tax due June 30. 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 KAPPES, HARRY Name 307 N HIGHLANDS DR 82 Street Address (P.O. Box Number is Not Acceptable) HOLLYWOOD FL 33021 84 City Zip Code 85 11. Purguant to the provisions of Sections 607.050? 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) (10/97 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE 1.1 TITLE Change Addition TITLE 700002586477---07/13/98--01065--007 ****155.00 ****155.0 KAPPES, HARRY 1.2 NAME CR2E034 NAME 307 N. HIGHLANDS DR. STREET ADDRESS 1.3 STREET ADDRESS HOLLYWOOD FL ****155.00 CITY-ST-ZIP 1.4 CiTY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE KAPPES, GAIL NAME 4 2.2 NAME 307 N. HIGHLANDS DR. STREET ADDRESS 2 3 STREET ADDRESS HOLLYWOOD FL CITY ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3 1 TITLE NAME -T 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY- ST-ZIP DELETE Change Addition 4.1 TITLE TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-2IP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST- ZIP DELETE TITLE 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST - ZIP 14. I hereby certify that the information supplied with this tiling 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.

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