

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

DOCUMENT # J78422

1. Corporation Name

HANNEK CORPORATION

Principal Place of Business

% ALIOTTA, FRITSCH & WALSH
140 INTRACOASTAL POINTE DR. SUITE 403
JUPITER FL 33477-5064

Mailing Address

% ALIOTTA, FRITSCH & WALSH
140 INTRACOASTAL POINTE DR. SUITE 403
JUPITER FL 33477-5064

2. Principal Place of Business

21 Suite, Apt. #, etc.
305

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.
305

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

ALIOTTA, FRITSCH & WALSH
140 INTRACOASTAL POINTE DR
SUITE 403
JUPITER FL 33477-5064

3. Date Incorporated or Qualified

06/18/1987

4. FEI Number

65-0035927

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

Yes No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 Suite 305

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 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

TITLE D
NAME HANNES, JACK D.
STREET ADDRESS 146 CAMMERAY RD, CAMMERAY 2062
CITY-ST-ZIP NSW, AUSTRALIA

TITLE D
NAME HANNES, MARTIN R.
STREET ADDRESS 25 MONCUR STREET
CITY-ST-ZIP WOOLLAHRA AU 2025

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/99

Date

561-747-1040

Daytime Phone #

0357682

CR2E034 (11/98)

FILED
Mar 25, 1999 8:00 am
Secretary of State

03-25-1999 90016 023 ***150.00



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