

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Matham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

MAY 1 1995

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **K68390** (9)

1. Corporation Name:  
**H.A.K. & ASSOCIATES, INC.**

Principal Place of Business: **8401 N.W. 53RD TERRACE SUITE 202 MIAMI FL 33166**  
Mailing Address: **8401 N.W. 53RD TERRACE SUITE 202 MIAMI FL 33166**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or qualified: **02/20/1989** 3a. Date of Last Report: **05/01/1994**  
4. FIC Number: **65-0106160** Applied For:  Not Applicable:   
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing:  \$5.00 May Be Added to Fees  
7. The corporation has liability for intangible tax under § 193(2)(B) Florida Statutes:  Yes  No

2. Principal Officer of Corporation: 2a. Mailing Address:  
21. State: 26. State:  
22. City & State: 27. City & State:  
23. City: 28. City:  
24. Country: 25. Country: 29. Country: 30. Country:

9. Name and Address of Current Registered Agent: **JACOBSON, STEWART 950 SOUTH FEDERAL HIGHWAY HOLLYWOOD FL 33020**  
10. Name and Address of New Registered Agent:  
81. Name:  
82. Street Address (R.F. Box Number is Not Applicable):  
83. City:  
84. City: **FL** 85. Zip Code:

11. Pursuant to the provisions of Sections 190, 191, and 192, 193, Florida Statutes, the above named corporation solemnly has stated for the purpose of changing its registered office or registered agent, or both, in the State of Florida, that it is authorized by the corporation's Board of Directors, if there is, and that the appointment as registered agent, if any, is in full compliance with the provisions of Sections 190, 191, 192, Florida Statutes.

SIGNATURE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONAL OFFICERS, DIRECTORS, AND OTHER CORPORATE OFFICERS	
NAME: <b>PD KOBRIK, HAL A.</b>	STREET ADDRESS: <b>8401 NW 53RD TERR #202</b>	CITY: <b>MIAMI FL</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	STREET ADDRESS:	CITY:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	STREET ADDRESS:	CITY:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME:	STREET ADDRESS:	CITY:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not apply for the exemption stated in Section 193(2)(b) Florida Statutes. I further certify that the information included on this annual report or biennial report or both, and on the certificate 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 appointed to receive the report as required by Chapter 193, Florida Statutes, and that my name appears as Block 12 or Block 13 of changed or omitted information with an address.

SIGNATURE: *Hal A. Kobrin* Hal A. Kobrin President **4/28/95** **305-5931564**  
SIGNATURE AND FILED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR