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

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L43947

(5)

H.K. CONSULTING CORP.

(-

Mailing Address

FILED

Feb 03 1998 8:00am

Secretary of State

	500 COCOPLUM WAY ELRAY BEACH FL 33445	4500 COCOPLUM WAY DELRAY BEACH FL 33445				DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualified		
						01/22/1990		
2.	Principal Place of Business	2a. Mailing Address				4. FE! Number Applied F	or	
21		26				22-3022228 Not Applie	cable	
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired See Required Fee Required	nal .	
23	City & State	City & State				6. Election Campaign Financing Trust Fund Contribution \$5.00 May B Added to Fees		
24	Zip Country 25	Zip 29	30	ntry		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes X No		
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent		
	KURTIS, HELENE			81	Name			
	4500 COCOPLUM WAY DELRAY BEACH FL 33445	ĺ		82	Street Address (P.O. Box Number is Not Acceptable)			
			ļ	83				
				84	City	FL 85 Zip Code		
11	Pursuant to the provisions of Sections 607 0502 an	od 607 1508. Florida Statut	ec the ah	101/0	named corpo	ration submits this statement for the purpose of changing its regist.	ered	

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 of 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.

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 elignature required when reinstating) DATE												
12.	Signature, typed or printed name of registered agent an OFFICERS AND D		Registered Agent signature requi	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12								
TITLE	P OFFICERS AND D	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12								
	•		t t									
NAME	KURTIS, HELENE		1.2 NAME									
STREET ADDRESS	4500 COCOPLUM WAY		1.3 STREET ADDRESS									
CITY - ST - ZIP	DELRAY BEACH FL 33445		1,4 CITY-ST-ZIP									
TITLE		☐ DELETE	2.1 TITLE	Change Addition								
NAME			2.2 NAME									
Street address			2.3 STREET ADDRESS									
CITY-ST-ZIP			2. 4 CITY - ST - ZIP									
TITLE		☐ DELETE	3.1 TITLE	Change Addition								
NAME			3,2 NAME									
STREET ADDRESS			3.3 STREET ADDRESS	į								
CITY-ST-ZIP			3.4. CITY - ST - ZIP									
TITLE		DELETE	4.1 TITLE	Change Addition								
NAME			4, 2 NAME									
STREET ADDRESS			4.3 STREET ADDRESS									
CITY-ST-ZIP			4.4 CITY-ST-ZIP									
TITLE		DELETE	5.1 TITLE	Change Addition								
NAME			5.2 NAME									
STREET ADDRESS			5 3 STREET ADDRESS									
CITY-ST-ZIP			5.4 CITY - ST - ZIP									
TITLE	· · · · · · · · · · ·	DELETE	6.1 TITLE	Change Addition								
NAME			6.2 NAME									
STREET ADDRESS			6.3 STREET ADDRESS									
CITY-ST-ZIP		1 611 - 4 116 - 5	6.4 CITY-ST-ZIP	Seeking 140 07(2)(i) Florido Statutos I further gortifu that the information								

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 employeed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if chapter of the corporation of the receiver or trustee employeed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if chapter of the corporation of the receiver or trustee employees.

SIGNATURE:

ELENA TOTAL BEQUIRED

1/16/98

561-498-8063