FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00									
COR ANNU	Profit Rporation Jal Report		FLORIDA DEF Sandr Secre	ARTMENT a B. Morth etary of Sta	OF STATE am ate				
·	1996		DIVISION O	F CORPOI	RATIONS				
DOCUI		L81357	(0)						
HRK P	RODUCTS, INC						A INCIDENT COLUMN AND DESCRIPTION OF THE PROPERTY OF THE PROPE		
Principal Place of Business 10500 NN 3D CT. PLANTATION 1.5 33322		Mailing Address 1 <mark>0300 NW-30</mark> CT. PLANTATION FE 33822					s sources! Bet shidt steen sister parts	1981 BIBU BIBU BIBU B	DIL E1811 01011 1001
						ļ	3. Date Incorporated or Qualified 06/15/1990	3a. Date of Last 04/10/1	
21 205	ace of Business Landings	Blud	2a. Mailing Address 26] 205 LQ	Hino	s Bluc	1	4. FEI Number 65-0198579	-	Applied For Not Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc		J		5. Certificate of Status Desired		75 Additional e Required
City & State 23 F E . Li	auderdok	5 F1	28 Ft. Laude	rdele	2 FL	•	Election Campaign Financing Trust Fund Contribution	\$5	.00 May Be
Zip	25 Coul	•	29 33326	30	untry			intangible tax under	
	9. Name and Add	dress of Current	Registered Agent		81 Name		10. Name and Address of New R	egistered Agent	
PALACIO	D, HEATHER	د	unic Abyd		82 Street Ac	ddress	s (P.O. Box Number is Not Acceptab	le)	
PLANTA	M-10-01. 200 TION FL 33 822	S econo	lings Blwd derdale F	١,	83		73.0	·	
		, , , ,	333	26	84 City			85	Zip Code
11. Pursuant t	to the provisions of Se	clions 607.0502 a	nd 607.1508, Florida Statu	es, the ab	ve-named corr	noratio	on submits this statement for the pur	<u>FL </u>	
O register	ou agent, or both, in t	ic state of riondal	. Such change was authoria n 607.0505, Florida Statute	extrivine:	corporation's be	oard c	on submits this statement for the pur of directors. I hereby accept the appo	pose of changing it pintment as register	ed agent. I am
SIGNATURE _	Signature, typed or printed na	ne of registered agent and	d title if applicable [No	D°F Rogistere	d Agent signature requ	ured wh	ien reinstalinu)	DATE	
12.		OFFICERS AND I	DIRECTORS	13.			ADDITIONS/CHANGES TO OFFI		ORS IN 12
TITLE NAME	DPS Palacio, Heat	THER	DEFEIE	1 1 1				Chang	Addition
STREET ADDRESS	10300 NW TO C	T. 205 L	andings BW	$\frac{12N}{13S}$	IREET ADDRESS				
CITY-ST-ZIP	PLANTATION FL	.Ft.lau	uderdale 41		HY-ST-ZIP				
TITLE			DELFTE	2 1	TTLE	******		Chang	Addition 6
NAME STREET ADDRESS				2.2 N					ļ
CITY-S1-ZIP					TREET ADDRESS ITY-ST-ZIP				
TITLE			[] DELETE	3 1 7				☐ Chang	Addition
NAME STREET ADDRESS				32 N					1
CITY-ST-ZIP				. I	TREET ADDRESS				İ
TITLE			☐ DELETE	4 1 7				☐ Change	Addition
NAME OFFICE ADDRESS				4.2 N					
STREET ADDRESS CITY-S1-ZIP					IREET ADDRESS				
TITLE			DELETE	5. 1 J	ITY - ST - ZIP		//AMANA	☐ Change	Addition
NAME				5.2 N	AME			_ ,	
STREET ADDRESS				5.3 S	FREET ADDRESS				İ
CITY-ST-ZIP TITLE			DELETE	5.4 C 6 1 T	ITY-ST-ZIP ITLE			☐ Change	Addition
NAME				62 N					
STREET ADDRESS				6 3 S	FREET ADDRESS				
CITY-ST-ZIP 14. I do hereby	certify that the inform	nation supplied with	this filing is voluntarily force	ished and	TY-S1-ZP	for H	an exemption stated in Section 440.6	7/21/b) Find - 0:	utoo 16 dha
14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 as attainment with an address.									
SIGNATURE: Death Tale HEATHER PALACIO 5-2-96 954-349-1988									