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Feb 28 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **L94485** (4)

1. Corporation Name
H.B.K. OF VERO, INC.

Principal Place of Business
**PO BOX 3247
VERO BEACH FL 32964**

Mailing Address
**PO BOX 3247
VERO BEACH FL 32964**



2. Principal Place of Business
21 **Post Office Box 1140**

22 Suite Apt. #, etc.

23 City & State
Deerfield Beach, FL

24 Zip
33443

25 Country
Broward

2a. Mailing Address
26 **Post Office Box 1140**

27 Suite, Apt. #, etc.

28 City & State
Deerfield Beach, FL

29 Zip
33443

30 Country
Broward

3. Date Incorporated or Qualified
08/13/1990

3a. Date of Last Report
04/10/1996

4. FEI Number
59-3029510

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**EVANS, RALPH L.
2920 CARDINAL DRIVE
VERO BEACH FL 32963**

10. Name and Address of New Registered Agent

81 Name
Ralph L. Evans

82 Street Address (P.O. Box Number is Not Acceptable)
3355 Ocean Drive

83

84 City
Vero Beach

FL 85 Zip Code
32963

11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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

1/13/97

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **DP HARRY B. KORMAN**
STREET ADDRESS **17855 LAKE ESTATES DRIVE**
CITY-ST-ZIP **BOCA RATON FL**

TITLE ☐ DELETE
NAME **DST INGEBOG SCHUETZ**
STREET ADDRESS **17270 BERMUDA VILLAGE DRIVE**
CITY-ST-ZIP **BOCA RATON FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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

**VP
Oren Deacon
4141 Ocean Drive
Vero Beach, FL 32963**

14. I do 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.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/97

Date

954-426-4488

Daytime Phone #

CR2E034 (9/96)