

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

APPROVED
AND
FILED

96 JAN 29 AM 10:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M89138 (5)

1. Corporation Name

H D K INVESTMENT CORPORATION, P.A.



000001708270
-02/06/96--01101--025

****200.00 ****200.00

Principal Place of Business

2697 MAPLE LOFT LANE
SARASOTA FL 34232

Mailing Address

2697 MAPLE LOFT LANE
SARASOTA FL 34232

3. Date Incorporated or Qualified
07/01/1988

3a. Date of Last Report
01/20/1995

4. FEI Number

59-0899448

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KIRSTEN, HANS-DIETER
5352 HAYDEN BLVD.
SARASOTA FL 34232

81 Name

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

83

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 607.0503, 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
PD	KIRSTEN, HANS-DIETER	2697 MAPLE LOFT LANE	SARASOTA FL	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE <td>22 NAME<td>23 STREET ADDRESS<td>24 CITY-ST-ZIP<td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></td></td></td>	22 NAME <td>23 STREET ADDRESS<td>24 CITY-ST-ZIP<td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></td></td>	23 STREET ADDRESS <td>24 CITY-ST-ZIP<td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></td>	24 CITY-ST-ZIP <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE <td>32 NAME<td>33 STREET ADDRESS<td>34 CITY-ST-ZIP<td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></td></td></td>	32 NAME <td>33 STREET ADDRESS<td>34 CITY-ST-ZIP<td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></td></td>	33 STREET ADDRESS <td>34 CITY-ST-ZIP<td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></td>	34 CITY-ST-ZIP <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE <td>42 NAME<td>43 STREET ADDRESS<td>44 CITY-ST-ZIP<td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></td></td></td>	42 NAME <td>43 STREET ADDRESS<td>44 CITY-ST-ZIP<td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></td></td>	43 STREET ADDRESS <td>44 CITY-ST-ZIP<td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></td>	44 CITY-ST-ZIP <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE <td>52 NAME<td>53 STREET ADDRESS<td>54 CITY-ST-ZIP<td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></td></td></td>	52 NAME <td>53 STREET ADDRESS<td>54 CITY-ST-ZIP<td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></td></td>	53 STREET ADDRESS <td>54 CITY-ST-ZIP<td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></td>	54 CITY-ST-ZIP <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE <td>62 NAME<td>63 STREET ADDRESS<td>64 CITY-ST-ZIP<td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></td></td></td>	62 NAME <td>63 STREET ADDRESS<td>64 CITY-ST-ZIP<td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></td></td>	63 STREET ADDRESS <td>64 CITY-ST-ZIP<td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></td>	64 CITY-ST-ZIP <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td>	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (12/95)