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

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jan 21, 1999 8:00am

Secretary of State 01-21-1999 90030 044 \*\*\*150.00

CR2E034 (11/98)

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # M89138

1. Corporation Name

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

H D K INVESTMENT CORPORATION, P.A.

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Principal Place of Business Mailing Address					1 100,001 (0) (0) (4 16/6) ((00)		1911 S1811 G(B() 1861
2697 MAPLE LOFT LANE		2697 MAPLE LOFT LANE					
SARASOTA FL 34232 SARASOTA FL 34232			80 100 100 100 100 100 100 100 100 100 1				
						E IN THIS SPACE	
					3. Date Incorporated or Qualifed		
					07/01/1988		
Principal Place of Business     2a. Mailing Address				4. FEI Number		Applied For	
21 26				59-0899448		Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certifcate of Status Desired	\$8.7	5 Additional	
22 2		27		5. Certificate of Status Desired	□ Fee	Required	
City & State		City & State		6. Election Campaign Financing	_ \$5.0	<b>)0</b> May Be	
23		28			Trust Fund Contribution		ed to Fees
Zip '	Country	Zip	Count	ry	8. This corporation owes the curre	nt year Intangible	
24	25	29	30		Personal Property Tax.	☐Yes	□No
	9. Name and Address of Current	Registered Agent	<u> </u>		10. Name and Address of New R	egistered Agent	
			8	1 Name	9		
, KIRS	STEN, HANS-DIETER	2 V				<del></del>	<del>.</del>
535	2 HAYDEN BLVD.		۱	2 Stree	t Address (P.O. Box Number is Not Acceptal	ole)	
SAR	ASOTA FL 34232		8	3		1 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 · · · · · · · · · · · · · · · · · · ·
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			[8	4 City		85 Z	ip Code
0.500 . \$2.00 m :	<u> </u>					<u> </u>	
TI Purenant	to the provisions of Sections 607.0502	and 607.1508, Florida Statul	es, the abo	ve-name	d corporation submits this statement for the p	ourpose of changing	its registered registered
office or r	registered agent or both in the State of	L'Eloride Suich change was a	uthorized b	v the corr	poration's board of directors. I hereby accept		
office or r agent. I a	registered agent, or both, in the State of im familiar with, and accept the obligation	Florida, Such change was a	uthorized b rida Statute	y the con	d corporation submits this statement for the poration's board of directors. I hereby accept	the appointment as	/
	registered agent, or both, in the State of am familiar with, and accept the obligation	Florida, Such change was a one of Section 607.0505, Fig	uthorized b orida Statute	y the corres.	poration's board of directors. I hereby accept	tine appointment as	/
office or r agent. I a SIGNATURE	registered agent, or both, in the State of am familiar with, and accept the obligate Signature typed or printed name of registered agent				poration's board of directors. I hereby accept		
	Signature typed or printed name of registered agent OFFICERS AND	and title if applicable. (NOTE				DATE ICERS AND DIREC	TORS IN 12
SIGNATURE	Signature typed or printed name of registered agent	and title if applicable. (NOTE	: Registered Ag	ent signature	e required when reinstating) [ [ { 1} ] ; [ { 5} ] ; [ { 5} ] ]	DATE TO B	TORS IN 12
SIGNATURE	Signature typed or printed name of registered agent OFFICERS AND	and title if applicable. (NOTE	Registered Ag	ent signature	e required when reinstating) (1974)  ADDITIONS/CHANGES TO OFF	DATE ICERS AND DIREC	TORS IN 12
SIGNATURE  12.  TITLE	Signatury typed or printed name of registered agent OFFICERS AND	and title if applicable. (NOTE	13. 1.1 TITLE	ent signature	a required when reinstating) (1975);  ADDITIONS/CHANGES TO OFF	DATE ICERS AND DIREC	TORS IN 12
SIGNATURE  12. TITLE NAME STREET ADDRESS	Signatury typed or printed name of registered agent OFFICERS AND PD KIRSTEN, HANS-DIETER 2697 MAPLE LOFT LANE	and title if applicable. (NOTE	13. 1.1 TITLE 1.2 NAMI	ent signature	a required when reinstating) (1975);  ADDITIONS/CHANGES TO OFF	DATE ICERS AND DIREC	TORS IN 12
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signatury typed or printed name of registered agent OFFICERS AND PD KIRSTEN, HANS-DIETER	and title if applicable. (NOTE	13. 1.1 TITLE 1.2 NAMI 1.3 STRE	ent signature	a required when reinstating) (1975);  ADDITIONS/CHANGES TO OFF	DATE  CHANGE  Change	TORS IN 12 ge Addition
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NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 empiwered to execute this report as required by Chapter 607, Florida Statutes; and that py mame appears in Block 12 or Block 13 if changed or or an attachment with an appears, with all other like empowered.