

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90080 003 ***150.00

DOCUMENT # P92000006897

1. Corporation Name

HAWCO ENERGY, INC.

Principal Place of Business

Mailing Address

1600 SE 17TH STREET
#308
FT. LAUDERDALE FL 33316

1600 SE 17TH STREET
#308
FT. LAUDERDALE FL 33316

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/23/1992

2. Principal Place of Business

2a. Mailing Address

21 658 W. Indiantown Rd., #204
Suite, Apt. #, etc.

26 658 W. Indiantown Rd., #204
Suite, Apt. #, etc.

22 Jupiter, FL
City & State

27 Jupiter, FL
City & State

23 33458
Zip

28 33458
Zip

Country

Country

24

25

29

30

4. FEI Number

65-0373893

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 owes the current year Intangible
Personal Property Tax.

Yes

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WEISZ, MICHEL O
3250 MARY STREET SUITE 303
MIAMI FL 33145

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 607.0505, 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP
NAME CULLIFER, RICHARD
STREET ADDRESS 4270 SW 34TH AVE
CITY-ST-ZIP DAVIE FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 658 W. Indiantown Rd. Suite #204
1.4 CITY-ST-ZIP Jupiter, FL 33458

TITLE VST
NAME CULLIFER, RICHARD
STREET ADDRESS 4270 SW 34TH AVE
CITY-ST-ZIP DAVIE FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS 658 W. Indiantown Rd., Suite #204
2.4 CITY-ST-ZIP Jupiter, FL 33458

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/99

(813) 748-5828
Daytime Phone #

CR2E034 (1/98)