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

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

	1990	19				
DOCUI	MENT # P9300	00043829 (9)				
HKT EI	NTERPRISES, INC.				·	
					E NABUNAEL DAN SENER ENNIFERENT BERKE BERKE BANKE BANK	
Principal Plac	o of Business	Mailing Address				
		Mailing Address 5872 RED BUG LAKE RD				
5872 RED BUG LAKE RD #209		#209	#209			
WINTER SPGS FL 32708 US		WINTER SPGS FL 32708 US		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified		
				05/28/1993		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			59-3184214	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	0	City & State			6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	У	8. This corporation owes or has paid the curr	
24	25		30			Yes No
DA*	9. Name and Address of Curr	ent Registered Agent	81	Name	10. Name and Address of New Registered A	rðaur
	TEL, KAMLESH 74 EDMISTON PLACE		L			<u></u>
LONGWOOD FL 32779			82	Street Add	dress (P.O. Box Number is Not Acceptable)	
			83			
			84	City		85 Zip Code
			1	,	FL	1 1
11. Pursuant office or r	to the provisions of Sections 607.09 egistered agent, or both, in the Sta	502 and 607.1508, Florida Statute Ie of Florida. Such change was a	es, the abov authorized b	e-named co y the corpor	rporation submits this statement for the purpose of ation's board of directors. I hereby accept the appo	changing its registered intment as registered
agent. I a	m familiar with, and accept the obl	igations of, Section 607.0505, Flo	rida Statute	S.		·
SIGNATURE	Signature, typed or posted name of registered a	igent and title if applicable (NOTE	Registered Ag	eni signalure req	uired when reinstating) DATE	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND	
TIFLE	P	☐ DELETE	1.1 TITLE	ļ	l	Change
NAME	PATEL, KAMLESH 5872 RED BUG LAKE RD		1.2 NAME			
STREET ADDRESS City+ST-Zip	WINTER SPGS FL		1.3 STREE	T ADDRESS		
TITLE	ST	DELETE	2.1 TITLE	51-21		Change Addition
NAME	PATEL, HINNA		2.2 NAME	Ì		
STREET ADDRESS	5872 RED BUG LAKE RD		2.3 STREE	T ADDRESS		
CITY-ST-ZIP	WINTER SPGS FL		2 4 CITY-	ST-ZIP		
TITLE		DELETE	3.1 TITLE	{		Change Addition
NAME			3.2 NAME			
STREET ADDRESS				f ADDRESS		
CITY-ST-ZIP TITLE		DELETE	3.4. CITY- 4.1 TITLE	31-2IF		Change Addition
NAME		*	4. 2 NAME			
STREET ADDRESS				T ADDRESS		
CITY+ST-ZIP			4.4 CITY - 5	ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE			Change Addition
NAME			5.2 NAME			
STREET ADDRESS				ADDRESS		
CITY-ST-ZIP TITLE	·	DELETE	5.4 CITY-: 6.1 TITLE	S1-ZIP		Change Addition
NAME		[] VCCLIL	6.2 NAME		·	T Annual T Connection
STREET ADDRESS				T ADDRESS		
DIRECT PROPERTY			0.3 3 1112			

14. I hereby certify that the information supplied with this filing does not purify 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 tone 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 receive or trucked 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 receive or trucked 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 receive or trucked and that my name appears in Block 12 or Block 13 if changed, or on an attachment of the corporation of the

SIGNATURE

3 12 98

(A07) 696-4449

FILED

Mar 24 1998 8:00am

Secretary of State