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

DOCUMENT # P93000063138

HAWK SERVICES LTD., INC.							1 (80)		a na pa na ap n a		188 18 1 188
Principal Place of Business Mailing Address											
6901 CYPRESS ROAD #B-13 PLANTATION FL 33317 US 6901 CYPRESS ROAD #B-13 PLANTATION FL 33317 US								DO NOT WR	ITE IN THIS	SPACE	
								3. Date Incorporated or Qualifed 09/10/1993			
2. Principal Place of Business 2a. Mailing Address							4. FEI Number				Applied For
21	· .		26			65-04399	<u>47</u>			Not Applicable	
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				5. Certifcate of	f Status Desired		Fee F	Additional Required
City & Stat	te		City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution _ Added to Fees					
Zip	p Country		·	Zip		•	8. This corporation owes the current year Int				
24	25 29 29 9. Name and Address of Current Reg			30			Personal Property Tax.				
	9. Name a	nd Address of Curren	it Register	ed Agent	81	Name	TO, Marrie and	-	Registered	Agent	
ANDERŚON, GUNNAR B					-	Stored Ad	deser (D.O. Boy Nue	-bas in Not Acces	toblo)		
6901 CYPRESS ROAD					82	Street Ad	dress (P.O. Box Nun	iber is Not Accept	latile)		
	#B-13				83		***		 -		
PLANTATION FL 33317					84	City				85 Zip	p Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes					ł	' '			<u>FĻ</u>	. .	S
office or r	registered ager	ns of Sections 607.050 nt, or both, in the State n, and accept the obliga	of Florida.	Such change was a	authorized by	the corpora	rporation submits this tion's board of direct	statement for the ors. I hereby acce	purpose of the appoi	ntment as	registered
SIGNATURE	Signature, typed or	printed name of registered ager	nt and title if app	plicable. (NOTE	: Registered Age	nt signature requ	red when reinstating)		DATE		
12.					13.		ADDITIONS/	CHANGES TO OF	FFICERS AN		
TITLE	D			☐ DELETE	1.1 TITLE					☐ Change	e
NAME		N, GUNNAR B			1.2 NAME						
STREET ADDRESS 6901 CYPRESS ROAD, #B-13 CITY-ST-ZIP PLANTATION FL			1.3 STREET AD 1.4 CITY-ST-Zi								:
C/TY-ST-Z/P	D	IN FL		☐ DELETE	2.1 TITLE	1-ZIP	 -			Change	e Addition
NAME	DALY, JOH	N F			2.2 NAME						
STREET ADDRESS 3489 WOODRIDGE LANE					T ADDRESS					•	
CITY-ST-ZIP	1	BOR FL 34684			2, 4 CITY-	ST-ZIP		•			
TITLE				☐ DELETE	3.1 TITLE				*	☐ Change	e
NAME					3.2 NAME			. a			- '
STREET ADDRESS				•	3.3 STREE	TADDRESS					
CITY-ST-ZIP					3,4. CITY-1	ST-ZIP				Chana	e
TITLÉ				☐ DELETE	4,1 TITLE					Change	eAddition
NAME					4, 2 NAME			•			
STREET ADDRESS					- E	TADDRESS					
CITY-ST-ZIP				DELETE	4.4 CITY-S 5.1 TITLE					Change	e
TITLE					5.2 NAME	-					
NAME STREET ADDRESS						TADORESS					
STREET ADDRESS CITY-ST-ZIP	`}				5.4 CITY-5	1					
TITLE	-			☐ DELETE	6.1 TITLE					Change	e Addition
NAME					6.2 NAME						
1 1	1										

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 a address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

Daytime Phone #

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90001 030 ***150.00