

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

**FILED**  
**May 13, 1999 8:00 am**  
**Secretary of State**

05-13-1999 90046 010 \*\*\*150.00

DOCUMENT # P93000064631

1. Corporation Name  
HOOKAI - INVESTMENT INCORPORATED



Principal Place of Business

5201 ATLANTIC BLVD.  
APT. 189  
JACKSONVILLE FL 32207

Mailing Address

5201 ATLANTIC BLVD.  
APT. 189  
JACKSONVILLE FL 32207

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/01/1993

4. FEI Number

59-3200032

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

2. Principal Place of Business

26511 CLARKSTON Dr.

2a. Mailing Address

26511 CLARKSTON Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BONITA SPRINGS, FLORIDA

City & State

BONITA SPRINGS, FLORIDA

Zip

34135

Country

Zip

34135

Country

9. Name and Address of Current Registered Agent

CONE, FRED M JR.  
1050 RIVERSIDE AVENUE  
JACKSONVILLE FL 32204

10. Name and Address of New Registered Agent

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

TITLE P ☒ DELETE  
NAME HOOS, ELKE  
STREET ADDRESS COLONIAL POINT #189, 5201 ATLANTIC BLVD.  
CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DIRECTOR ☒ Change ☐ Addition  
1.2 NAME JUERGEN WEYERS  
1.3 STREET ADDRESS 26511 CLARKSTON Dr.  
1.4 CITY-ST-ZIP BONITA SPRINGS FL 34135

2.1 TITLE PRESIDENT ☒ Change ☐ Addition  
2.2 NAME STAN GOODMAN  
2.3 STREET ADDRESS 26518 CLARKSTON Dr.  
2.4 CITY-ST-ZIP BONITA SPRINGS FL 34135

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

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

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

6.1 TITLE ☐ Change ☐ Addition  
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:

JUERGEN WEYERS

03/12/99 941-498-6086

Date Daytime Phone #

CR2E034 (11/98)