## 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 #**

P 93000083186 V

1. Corporation Name

HK-2 INVESTMENT CORPORATION,

Principal Place of Business

Mailing Address

3095 S. A-1-A

P.O. Box 510758

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

05-13-1999 90006 005 \*\*\*150.00

Melbourne Beach Fl. 32951 Melbourne Beach, Fl.32951					DO NOT WRITE IN THIS SPACE			
			•		3. Date Incorporated or Qualifed			
					11/29/1993			
2. Principal Place of Business 2a. Mailing Address					4. FEI Number		oplied For	
26					59-3214972	No.	ot Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certifcate of Status Desired	•	Additional	
27					G. Contracte of Status Besides	Fee R	equired	
City & State City & State					6. Election Campaign Financing	\$5.00	May Be	
23 28					Trust Fund Contribution	Added	to Fees	
Zip Country Zip				у .	<ul> <li>8. This corporation owes the current year Intang</li> </ul>	gible –		
24 25 29 30			0	Personal Property Tax. ☐ Yes ☐ No				
	9. Name and Address of Current	Registered Agent		. 1	10. Name and Address of New Registered Ag	ent		
JOHN KINGMAN KEATING, P.A.				Name	MILLIUS, HIU YUEN			
7.49 N. GARLAND				82 Street Address (P.O. Box Number is Not Acceptable)				
ORLANDO, FL 32801				3095 S. A-1-A				
	32001		83	3				
			84	City		es Zin	Code	
			04	City	MELBOURNE BEACH FL		951	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	, the abov	/e-named o	corporation submits this statement for the purpose of chration's board of directors. I hereby accept the appointment			
office or re	egistered agent, or both, in the State on familiar with, and accept the obligation	Elerida. Such change was aut	horized by	the corpor	ration's board of directors. I hereby accept the appointn	nent as re	gistered	
	Translat Will Faird accopy to Soligani	Hiu Yuen M			4-26-99			
SIGNATURE	Signature typed or printed name of registered agent				quired when reinstating) DATE			
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	DRS IN 12	
TITLE'	PS	☐ DELETE	1.1 TITLE			Change	☐ Addition	
NAME	MILLIUS, HIU YUEN		1.2 NAME					
STREET ADDRESS			1.3 STREE	T ADDRESS				
CITY-ST-ZIP			1.4 CITY-5	-				
TITLE	There is		2.1 TITLE	3, 2	<u> </u>	Change	Addition	
NAME	VPD -		2.2 NAME				_	
STREET ADDRESS	IOLLIVAN, WILLIAM M		1	T ADDRESS				
	3095 S. A-1-A							
CITY-ST-ZIP TITLE				ST-ZIP		Change	Addition	
			3.1 TITLE					
NAME	·		3.2 NAME		·	-	ì	
STREET ADDRESS				TADDRESS				
CITY-ST-ZIP		□ BELETE	3.4. CITY-1			Change	[ ] Addition	
TITLE		☐ DELETÉ	41 TITLE		L			
NAME			42 NAME					
STREET ADDRESS			8	TADDRESS				
CITY-ST-ZIP			4.4 CITY-5	ST-ZIP		T Character	■ A 3 3 2 2 2 3	
TITLE		☐ DELETE	5.1 TITLE	}	L	] Change	☐ Addition	
NAME			5.2 NAME					
STREET ADDRESS				TADDRESS			!	
CITY-ST-ZIP		<u> </u>	5.4 CITY-S	ST-ZIP		- 4.		
TITLE		☐ DELETE	6.1 TITLE			Change	☐ Addition	
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREE	TADDRESS				
CITY-ST-ZIP			6.4 CITY-S	ST-ZIP				
14. I hereby c	ertify that the information supplied with	this filing does not qualify for the	ne exempt	ion stated	in Section 119.07(3)(i), Florida Statutes. I further certify	that the	nformation	

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.

William M. Tollman SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407 722 3178

Daytime Phone #

CR2E034 (11/98)