FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT

1996



FLORIDA DEFARTMENT OF STATE

Sandra B. Mortham

Secretary of State

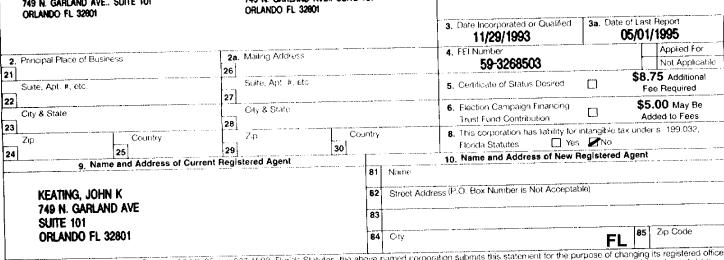
DIVISION OF CORPORATIONS

DOCUMENT #	P93000083189	(9)

HK-1 INVESTMENT CORPORATION

Principal Place of Business 749 N. GARLAND AVE., SUITE 101 Maling Address

749 N. GARLAND AVE., SUITE 101



11. Pursuant to the provisions of Sections 607.0509 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of Section 607.0505, Florida Statutes.

	CONTINUE TO PROPERTY AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	PD DELE	ξΕ . 1.1 TILLE	Change Addition
NAME	YAU, SOE CHI	1.2 NAME	
STREET ADDRESS	749 N GARLAND AVENUE, SUITE 101	LAISTREET ADDRESS	
CITY-SI-ZIP	ORLANDO FL 32801	1.4 CHY-ST-ZIF	☐ Charge ☐ Addition
ITLE	V DELE	TE 2.1 THE	Change Addition
IAME	KEATING, JOHN	2.2 NAME	
TREET ADDRESS	749 N GARLAND AVENUE, SUITE 101	2.3 SPREET ADDRESS	
	ORLANDO FL 32801	2.4 C(T) - ST (Z)P	Change C Addition
CITY - ST - ZIP		ETE 3 100F	Change Addition
AMÉ		3.2 NAME	
TREET ADDRESS		3.3 STREET ADORESS	
Į.		3.4 CITY - ST- ZIP	
OTLÉ	130 EL	ETE 4 1 TILE	Criange Additio
		4.2 NAME	
IAME		43 STREET ADDRESS	
TREET ADDRESS		4.4 CITY - ST - ZIP	
CITY-SI-ZIP	DEI	ElE Samile	Change Addition
ITLE		5.2 NAME	
IAME		5.3 STHEFT ADOPESS	
STREET ADDRESS		54 CHY ST-ZIP	and the second s
CHTY - ST - ZIP		LETE 6 VIOLE	Change Addition
TITLE		€ 2 NAME	
NAME	Λ	63 STREET ADDRESS	
STREET ADDRESS	/)	0.4005 67 700	
CITY - S1 - ZIP		to a funished and done not quality	for the exemption stated in Section 119.07(3)(k), Florida Statutes. I furthe

14. I do hereby certify that the information supplied with this fling is your flarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this army report or section tends report is true, and accurate and that my signature shall have the same legal effect as if made under early that I am an officer or director of the comparison trusted empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name nent with an address appears in Block 12 or Block 13 if change

SIGNATURE:

Pres. TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 7-30-96

407 425 2907