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FILED
Apr 14 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000085363 (8)

1. Corporation Name

HASPER ENTERPRISES, INC.

Principal Place of Business

Mailing Address

1140
1140 LEE BLVD
#104
LEHIGH ACRES FL 33906

1140 LEE BLVD
#104
LEHIGH ACRES FL 33906

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/08/1993

4. FEI Number

65-0458538

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 1140 Lee Blvd.

Suite, Apt. #, etc.

22 104

City & State

23 same

Zip

24 same

Country

25 same

2a. Mailing Address

26 1140 Lee Blvd.

Suite, Apt. #, etc.

27 104

City & State

28 same

Zip

29 same

Country

30 same

9. Name and Address of Current Registered Agent

GUERIN M. NICKEL, P.A.
350 FIFTH AVE. S.
200
NAPLES FL 33940

10. Name and Address of New Registered Agent

81 Name KARIN HASPER

82 Street Address (P.O. Box Number is Not Acceptable)

1140 Lee Blvd.

83 # 104

84 City Lehigh Acres

FL

85 Zip Code 33936

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 Karin Hasper Pres. Karin Hasper 02-09-98

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 PSD ☐ DELETE

NAME HASPER, KARIN
STREET ADDRESS 1470 LEE BLVD #103
CITY-ST-ZIP LEHIGH ACRES FL

TITLE VTD ☐ DELETE

NAME HASPER, UDO
STREET ADDRESS 1470 LEE BLVD., 103
CITY-ST-ZIP LEHIGH ACRES FL

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 same ☒ Change ☐ Addition

1.2 NAME 1140 Lee Blvd. #104

1.3 STREET ADDRESS same

1.4 CITY-ST-ZIP same ☒ Change ☐ Addition

2.1 TITLE same ☒ Change ☐ Addition

2.2 NAME 1140 Lee Blvd. #104

2.3 STREET ADDRESS same

2.4 CITY-ST-ZIP same ☐ Change ☐ Addition

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.

SIGNATURE: Karin Hasper KARIN HASPER 02-09-98

CR2E034 (10/97)