

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

APPROVED  
AND  
FILED

99 JAN -5 PM 1:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> P94000054404 1. Corporation Name NORTH DECK PROPERTIES, INC.			
Principal Place of Business 85501 OVERSEAS HWY.		Mailing Address 85501 OVERSEAS HWY.	
ISLAMORADA, FL 33036		ISLAMORADA, FL 33036	
2. Principal Place of Business 21 85501 OVERSEAS HWY. Suite, Apt. #, etc.		2a. Mailing Address 26 85501 OVERSEAS HWY. Suite, Apt. #, etc.	
22 City & State 23 ISLAMORADA, FL Zip 24 33036		27 City & State 28 ISLAMORADA, FL Zip 29 33036	
25 USA		30 USA	
3. Date Incorporated or Qualified 07/20/94			
4. FEI Number 65-0505579			
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent GARY S. HUNT 127 PALERMO DRIVE ISLAMORADA, FL 33036		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP PRES/TREASURER <input type="checkbox"/> DELETE KYLE P. FARNSWORTH 206 SOUTH GALT AVE. LOUISVILLE, KY 40206		1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP VP/SECRETARY <input type="checkbox"/> DELETE GARY S. HUNT 127 PALERMO DRIVE ISLAMORADA, FL 33036		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> DELETE		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> DELETE		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> DELETE		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> DELETE		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Gary S. Hunt</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		12/30/98 305 664-0020 Date Daytime Phone #	

CR2E034 (10/97)

*Judith A. Cooley*

CERTIFIED PUBLIC ACCOUNTANT

92330 OVERSEAS HIGHWAY #9  
TAVERNIER, FL 33070-2700  
TELEPHONE (305) 852-3426  
FACSIMILE (305) 852-6431

December 30, 1998

Florida Department of State  
Division of Corporations  
Annual Report Filings  
409 East Gaines Street  
Tallahassee, FL 32399

Re: Hawk Channel Bar & Grille, Inc.  
North Deck Properties, Inc.

To whom it may concern:

The officers for the above referenced corporations recently discovered that their annual reports for 1998 were not filed. They have requested my assistance in bringing their businesses into compliance.

Enclosed are annual reports for both companies along with checks for the filing fees and certificates of status. We are respectfully requesting that the penalties be waived for the following reason.

My clients relied on their former accountant for advice in all state and federal tax and licensing matters. Any forms, invoices, etc. which were received were turned over to her for processing. She failed to present the annual reports to the officers for signature and payment. They were unaware of this negligence until a verification of corporate status was requested by a third party.

Failure to file and pay was not willful and was due to reliance on the former accountant. Therefore, we are asking for a waiver of the penalties and reinstatement of the corporate status for both entities.

Thank you for your consideration in this matter.

Very truly yours,

  
Judith A. Cooley, CPA