PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400062459

1. Corporation Name

HACKL ENTERPRISES, INC.

Principal Place of Business Mailing Address							//S E1446	1110 1011 1001	
11211 PROSPER SUITE B-104	RITY FARMS ROAD	11211 PROSPERITY FARMS ROAD SUITE B104			ļ		## PB4 OF		
PALM BEACH GARDENS FL 33410 PALM BEACH GARDENS FL 334				3410		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified			
US		US				08/24/1994		ł	
- D: :! D	Duainasa	2a. Mailing Address				4. FEI Number	T Anı	plied For	
<u> </u>	ace of Business	H-1				65-05 16462	<u> </u>	t Applicable	
Suite, Apt.	# ato	Suite, Apt. #, etc.					\$8.75 A		
22)						5. Certificate of Status Desired	Fee Re		
City & State - City & State						6. Election Campaign Financing	\$5.00	May Be	
23	•	28				Trust Fund Contribution	Added to		
Zip	Country	Zip	Count	try		8. This corporation owes the current year		_ \	
24	25	29 30				Personal Property Tax.		□No	
,	9. Name and Address of Current	Registered Agent				10. Name and Address of New Register	od Agent		
		•	8	B1	Name				
HACKL, CRAIG M				B2	Street Addre	eet Address (P.O. Box Number is Not Acceptable)			
824 U.S. HIGHWAY 1, SUITE 260			L	Office values (1.0. Box values to var values)					
NOR	TH PALM BEACH FL 33408		8	83					
			1	84	City		85 Zip C	ode	
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.									
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as 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			gent s	signature required v	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO		
12.	OFFICERS ANI	D DIRECTORS	13.	F		ADDITIONS/CHANGES TO OFFICERS	Change	Addition	
1	HACKL, CRAIG M		1.2 NAM				_ ,	_	
NAME	11211 PROSPERITY FARSM RO	IAD 49104			ADORESS .			ļ	
STREET ADDRESS	PALM BEACH GARDENS FL	AU #DIOT	1,4 CITY		1				
CITY-ST-ZIP	FALM BEACH GARDENS IL	[]] DELETE	2.1 Tπ⊔		ZIF		☐ Change	Addition	
NAME				2.2 NAME				ſ	
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP			2.4 CIT					ļ	
TITLE		☐ DELETE	3.1 TITL				☐ Change	☐ Addition	
NAME	The second of the second	•	3.2 NAM	Æ.	-	en en en en en en en en en			
STREET ADDRESS	•	·	3.3 STR	EETA	ADDRESS				
CITY-ST-ZIP			3,4. CIT						
TITLE		☐ DELETE	4.1 TITL				☐ Change	Addition	
NAME	٠,		4. 2 NAM	ME					
STREET ADDRESS					ADDRESS				
1			4.4 CITY					Ì	
CITY-ST-ZIP		☐ DELETE	5.1 TTL		=		☐ Change	☐ Addition	
NAME		— ·	5.2 NAM						
STREET ADDRESS			5.3 STR	EETA	ADORESS				
1			5.4 CITY		1				
CITY-ST-ZIP		☐ DELETE	6.1 TITL		-+		☐ Change	Addition	

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 on 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.

6.2 NAME

6.3 STREET ADORESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADORESS

561 625 0276

FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90181 025 ***150.00