

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

CORPORATION
ANNUAL REPORT
1995



DEPARTMENT OF STATE
CORPORATION DIVISION
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

DOCUMENT # **P94000090756 (5)**

23 MAY 10 AM 10:35

SEMCO HOLDINGS, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of Corporation 1553 SAN IGNACIO CORAL GABLES FL 33143		2. Mailing Address 1553 SAN IGNACIO CORAL GABLES FL 33143		3. Date of Report (or 2nd report) 12/15/1994	3a. Date of last report
2. Principal Office Location 21	2a. Mailing Address 26	4. Filing Number 65-0560454	5. Applicant Fee Not Applicable		
22	27	5. Certificate of State Deposit	<input type="checkbox"/> \$8.75 Additional Fee Required		
23	28	6. Election Campaign Financing Trust Fund Contributions	<input type="checkbox"/> \$5.00 May Be Added to Fees		
24	25	29	30	8. Does corporation have liability for intangible tax under S. 190.01, Florida Statutes? <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent KAYAL, RAYMOND J JR C/O WHITE & CASE 200 S BISCAYNE BLVD SUITE 4900 MIAMI FL 33131		10. Name and Address of New Registered Agent	
B1 Name		B5 State	
B2 Street Address (P.O. Box Number is Not Acceptable)		FL	
B3		B4 City	

11. I, the undersigned, being a duly qualified and duly sworn officer of the State of Florida, do hereby certify that the above named corporation reports this statement for the purpose of changing its registered office as required by the laws of the State of Florida and that the change was approved by the corporation's board of directors. I hereby accept this appointment as registered agent for the corporation.

Signature: _____ Date: _____

12. OFFICER OR ASSESSOR STATE		13. AUTHORITY CHANGING REGISTERED OFFICE (SEE SECTION 190.01)	
NAME	D BOYETT, JAMES L 1553 SAN IGNACIO CORAL GABLES FL 33143	TYPE OF CHANGE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		DATE OF CHANGE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY		DATE OF CHANGE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STATE		DATE OF CHANGE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		DATE OF CHANGE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		DATE OF CHANGE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY		DATE OF CHANGE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STATE		DATE OF CHANGE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		DATE OF CHANGE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		DATE OF CHANGE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY		DATE OF CHANGE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STATE		DATE OF CHANGE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing is voluntary, furnished and checked, and qualify for the corporation listed as has been filed in the Florida Statutes. I further certify that the information included in 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. If the corporation has any other registered offices in other jurisdictions, the report is required to be filed in each of those jurisdictions and that my name appears in the report of each of those jurisdictions as an officer or director of the corporation.

SIGNATURE: *James L. Boyett* **JAMES L. BOYETT 5/1/95 305-663-3359**
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

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APPROVED
12/15/94

STATE OF FLORIDA
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA
1995



DOCUMENT # P94000091100 (5)

HAWK ASSOCIATES, INC.

92000000000000000000: 25

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

1. Principal Office Address 204 OCEAN DR. TAVERNIER FL 33070		2a. Mailing Address 204 OCEAN DR. TAVERNIER FL 33070		3. Date Incorporated or Qualified 12/15/1994		3a. Deregistration Report N/A	
21. Filing Agent Name [Blank]		26. Mailing Address [Blank]		4. Filing Agent Number 65-0540162		Applied Fee Not Applicable	
22. Filing Agent Address [Blank]		27. Filing Agent City and State [Blank]		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. Filing Agent City and State [Blank]		28. Filing Agent City and State [Blank]		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Filing Agent City and State [Blank]		29. Filing Agent City and State [Blank]		30. Filing Agent City and State [Blank]		7. This corporation has liability for all unpaid taxes under the Florida Statutes. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent TAYLOR, STACY T 204 OCEAN DR. TAVERNIER FL 33070				10. Name and Address of New Registered Agent FRANK N. HAWKINS, JR 204 OCEAN DRIVE TAVERNIER FL 33070			
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11. I, the undersigned, being a qualified elector under the 1995 Florida Statutes, the above named corporation submits the statement for the purpose of changing its registered agent as indicated on page 1 of this statement. I am a member of the corporation's board of directors. I hereby accept the appointment as registered agent under the Florida Statutes.
[Signature] MAY 8, 1995

12. OFFICERS AND DIRECTORS		13. APPOINTED MAILING AGENT	
NAM	CHAIRMAN FRANK N. HAWKINS, JR 204 OCEAN DRIVE TAVERNIER, FL 33070	NAME	[Blank]
NAM	PRESIDENT INGE L. HAWKINS 204 OCEAN DRIVE TAVERNIER, FL. 33070	ADDRESS	[Blank]
NAM	[Blank]	CITY	[Blank]
NAM	[Blank]	STATE	[Blank]
NAM	[Blank]	CITY	[Blank]
NAM	[Blank]	STATE	[Blank]
NAM	[Blank]	CITY	[Blank]
NAM	[Blank]	STATE	[Blank]
NAM	[Blank]	CITY	[Blank]
NAM	[Blank]	STATE	[Blank]
NAM	[Blank]	CITY	[Blank]
NAM	[Blank]	STATE	[Blank]
NAM	[Blank]	CITY	[Blank]
NAM	[Blank]	STATE	[Blank]

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and is true and correct for the reporting dates in law from 1994/01/01 to the Florida Statutes. I further certify that this information will appear on the annual report or supplemental annual report as required in accordance with the statute and that my signature shall have the same legal effect as if made by the corporation. I am a director of the corporation or the person or persons empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on the back of this report. I have not been removed from office with an address.
SIGNATURE: *[Signature]* MAY 8, 1995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR