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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000039406

Corporation Name
 DAVE HAWK, INC.

Principal Place of Business

599 SHERWOOD AVE. SUITE 103 SATELLITE BEACH FL 32931

SIGNATURE:

Mailing Address

599 SHERWOOD AVE. SUITE 103

SATELLITE BEACH FL 32931

FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90169 041 ***150.00



DO NOT WRITE IN THIS SPACE

US	US		3. Date Incorporated or Qualifed	:	
			05/17/1995		
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For	
21 2925 Cardinal Dr.			59-3319287	Not Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	8.75 Additional	
22 Suite_C	27 Suite C			Fee Required	
City & State	City & State		· · · · · · · · · · · · · · · · · · ·	\$5.00 May Be	
23 Vero Beach, FL	28 Vero Beac			Added to Fees	
Zip Country	Zip	Country	8. This corporation owes the current year Intangit	4-//	
24 32963 25 USA	29 32963 3	N MANUSA	T Growing Tupon,		
9. Name and Address of Current	Registered Agent	nal si	10. Name and Address of New Registered Ager	<u>nt</u>	
LIANA/IZ DANAD C	81 Name				
HAWK, DAVID C		82 Street Addre	82 Street Address (P.O. Box Number is Not Acceptable)		
599 SHERWOOD AVE.		2925 Cardinal Dr.			
SUITE 103		83			
SATELLITE BEACH FL 32931		SA Cin.	Suite C	E 7in Cada	
		84 City Ver	o Beach FL 85	5 Zip Code 32963	
11. Durguant to the exprisions of Sections 607 0502 and 607 1508. Florida Statutes, the above-named cornoration submits this statement for the purpose of changing its registered					
office or registered agent, or both, in the State o agent. I am familiar with, and accept the obligation	f Florida. Such change was auth	norized by the corporation	n's board of directors. I hereby accept the appointme	nt as registered	
SIGNATURE .					
Signature, typed or printed name of registered agent		egistered Agent signature required	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DI	IDECTODE IN 12	
12. OFFICERS AND		13.		Change Addition	
TITLE D	DELETE	_	1100001	Change L Addition	
NAME HAWK, DAVID C		1.2 NAME H	lawk, David C.		
STREET ADDRESS 965 BUFORD STREET NW		1.3 STREET ADDRESS 2	925 Cardinal Dr., # C		
CITY-ST-ZIP PALM BAY FL 32907		1.4 CITY-ST-ZIP V	ero Beach, FL 32963		
πιε	☐ DELETE	2.1 TITLE	· · ·	Change	
NAME		2.2 NAMÉ			
STREET ADDRESS		2.3 STREET ADDRESS		}	
CITY-ST-ZIP		2. 4 CITY-ST-ZIP			
TITLE	DELETE	3.1 TITLE		Change	
NAME		3.2 NAME			
STREET ADDRESS		3.3 STREET ADDRESS			
		3.4. CITY-ST-ZIP			
CITY-ST-ZIP TITLE	DELETE	4.1 TITLE		Change	
•	<u></u>	4. 2 NAME	_	- —	
NAME				<u> </u>	
STREET ADDRESS		4.3 STREET ADDRESS		:]	
CITY-ST-ZIP	(7 priess	4.4 CITY-ST-ZIP		Change Addition	
TITLE	☐ DELETE	5.1 TITLE		Change	
NAME		5.2 NAME		* 'v`\	
STREET ADDRESS		5.3 STREET ADDRESS		أسمج	
CITY-ST-ZIP		5.4 CITY-ST-ZIP			
TITLE	☐ DELETE	6.1 TITLE		Change	
NAME -		6.2 NAME		"[
STREET ADDRESS	1	6.3 STREET ADDRESS			
	1/1	6.4 CITY-ST-ZIP	• •		
14. I hereby certify that the information supplied with	this filing does not qualify for the	ne exemption stated in Se	ection 119.07(3)(i), Florida Statutes. I further certify the	hat the information	
indicated on this annual report or supplemental a officer or director of the corporation or the received Block 12 or Block 13 if changed, or on an altest	annual report is true and accurate or trustee empowered to exe attent with an address, with all o	te and that my signature cute this report as require ther like empowered.	ection 119.07(3)(i), Florida Statutes. I further certify the shall have the same legal effect as if made under oaked by Chapter 607, Florida Statutes; and that my name	me appears in	

ER OR DIRECTOR