

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

**FILED**

**May 02 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P95000041303 (5)**

1. Corporation Name  
**HCK & ASSOCIATES, INC.**



Principal Place of Business <b>% H. CHARLES KESSLER-ACCIRTER CORP. 791 WYE ROAD AKRON OH 44333</b>	Mailing Address <b>% H. CHARLES KESSLER-ACCIRTER CORP. 791 WYE ROAD AKRON OH 44333-2266</b>
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3. Date Incorporated or Qualified <b>05/22/1995</b>	3a. Date of Last Report <b>02/21/1996</b>
4. FEI Number <b>34-1802866</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 <b>791 WYE RD</b> Suite, Apt #, etc.	2a. Mailing Address 26 <b>791 WYE RD</b> Suite, Apt #, etc.
22 City & State <b>AKRON, OH</b>	27 City & State <b>AKRON, OH</b>
23 Zip <b>44333</b>	25 Country
29 Zip <b>44333</b>	30 Country

9. Name and Address of Current Registered Agent <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION FL 33324</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		DELETED
TITLE <b>DPT</b>	NAME <b>KESSLER, H. CHARLES</b>	<input checked="" type="checkbox"/>
STREET ADDRESS <b>791 WYE RD.</b>	CITY-STATE-ZIP <b>AKRON OH</b>	
TITLE <b>DVPS</b>	NAME <b>BALLARD, RICHARD</b>	<input type="checkbox"/>
STREET ADDRESS <b>17041 GULFSIDE CIRCLE, #1001</b>	CITY-STATE-ZIP <b>FT. MYERS FL</b>	
TITLE	NAME	<input type="checkbox"/>
STREET ADDRESS	CITY-STATE-ZIP	
TITLE	NAME	<input type="checkbox"/>
STREET ADDRESS	CITY-STATE-ZIP	
TITLE	NAME	<input type="checkbox"/>
STREET ADDRESS	CITY-STATE-ZIP	
TITLE	NAME	<input type="checkbox"/>
STREET ADDRESS	CITY-STATE-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE <b>D/P</b>	NAME <b>MEYERSON, ADAM</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.2 STREET ADDRESS <b>791 WYE RD</b>	1.3 CITY-STATE-ZIP <b>AKRON, OH 44333</b>		
2.1 TITLE <b>D/V P</b>	NAME <b>BALLARD, RICHARD</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 STREET ADDRESS <b>17041 GULFSIDE CIRCLE #1001</b>	2.3 CITY-STATE-ZIP <b>FT MYERS FL</b>		
3.1 TITLE <b>T</b>	NAME <b>MURPHY, ELIZABETH</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.2 STREET ADDRESS <b>791 WYE RD</b>	3.3 CITY-STATE-ZIP <b>AKRON, OH 44333</b>		
4.1 TITLE <b>S</b>	NAME <b>GOREK, KATHY</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.2 STREET ADDRESS <b>791 WYE RD</b>	4.3 CITY-STATE-ZIP <b>AKRON OH 44333</b>		
5.1 TITLE	NAME	<input type="checkbox"/>	<input type="checkbox"/>
5.2 STREET ADDRESS	5.3 CITY-STATE-ZIP		
6.1 TITLE	NAME	<input type="checkbox"/>	<input type="checkbox"/>
6.2 STREET ADDRESS	6.3 CITY-STATE-ZIP		

14. I do 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: \_\_\_\_\_ Date: **2/12/97** Daytime Phone #: **330-666-6380**

CR2E034 (9/96)