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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

P95000045841 (0) **DOCUMENT #** 

FHK (Y) CORPORATION OF SOUTH FLORIDA

| Principal Place of Business Mailing Address  140 EL DORADO PKWY SW 140 EL DORADO PKWY CAPE CORAL FL 33914 CAPE CORAL FL 33914 |   |   |                                      |                  |  |  |  |
|---|---|---|--------------------------------------|------------------|--|--|--|
|   |   |   |                                      |                  | 3. Date Incorporated or Qualified 3a. Date of Last Report 06/07/1995   |  |  |
| Principal Place of Business   |   | 2a. Mailing Address   | 2a. Mailing Address                  |                  | 4. FET Number  |  |  |
|   |   | 26 Cuito Apt # oto  | Suite, Apt. #, etc.                  |                  | \$8.75 Additional  |  |  |
| Suite, Apt. #,  | elc.  | 27 Suite, Apr. #, etc.  |                                      |                  | 5. Certificate of Status Desired Fee Required  |  |  |
| City & State  |   | City & State  | City & State                         |                  | 6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  |  |  |
| <u> </u>  |   | <b>28</b>   | Countr                               |                  | This corporation has liability for intangible tax under s. 199.032,  |  |  |
| Zip<br>1  | Country 25  | 29  | 30                                   | •                | Florida Statutes   |  |  |
| 1   | 9. Name and Address of Cur  |   |                                      |                  | 10. Name and Address of New Registered Agent   |  |  |
|   |   |   | 81                                   | Name             |  |  |  |
|   | RUSSEL H  |   | 82                                   | Street Addr      | ess (P.O. Box Number is Not Acceptable)  |  |  |
|   | DRADO PKWY., SW   |   |                                      |                  |  |  |  |
| CAPE CO   | RAL FL 33914  |   | 83                                   | 1                |  |  |  |
|   |   |   | 84                                   | City             | FL 85 Zip Code   |  |  |
|   |   | 500 CO2 1500 Florido Ctat.  | toc the above                        | named comor      | ation out paids this statement for the purpose of changing its registered office   |  |  |
| familiar with,<br>SIGNATURE   | and accept the obligations of S   | section 607,0505, Florida Statute                                     | es.                                  |                  | d of directors. Thereby accept the appointment as registered agent. I am   |  |  |
| 2.  |   | AND DIRECTORS   | 13.                                  | ~                | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  |  |  |
| 17LF  | D   | ☐ DELETE  | 1. 1 TILLE                           |                  | Change Addition  |  |  |
| AME   | KEILBACH, FRANK H DR  | O142  | 1.2 NAME                             |                  |  |  |  |
| TREET ADORESS   | 140 EL DORADO PKWY.,  | SW  | 1.3 STHEE                            | 1 ADDRESS        |  |  |  |
| ITY - ST - ZIP  | CAPE CORAL FL 33914   | ET DELETE   | 1.4 CHY-                             |                  | Change Addition  |  |  |
| ITLF  | D<br>Keilbach, Mareile  | ☐ DELETE  | 2 1 TITLE                            | 1                | C Amaga C vaca   |  |  |
| AME   | 140 EL DORADO PKWY.,  | SW  | 2.2 NAME                             | T ADDRESS        |  |  |  |
| TREET ADDRESS   | CAPE CORAL FL 33914   |   | 2.4 CiTY -                           |                  |  |  |  |
| iTY - ST - ZiP<br>ITLE  |   | DELETE  | 3.1 11/18                            |                  | ☐ Change ☐ Addition  |  |  |
| IAME  |   | . –   | 3.2 NAME                             | :                |  |  |  |
| TREET ADDRESS   |   |   | 3.3 STRE                             | ET ADORESS       |  |  |  |
| CITY - ST - ZIP   |   |   | 3.4 CITY -                           | ST - 7IP         | E) O   |  |  |
| IILE  |   | ☐ DELETE  | 4, 1 T TLE                           |                  | Change Addition  |  |  |
| .AME  |   |   | 4.2 NAME                             |                  |  |  |  |
| STREET ALIDRESS   |   |   |                                      | ET ADDRESS       |  |  |  |
| DITY-ST-ZIP   |   | FT) DELETE  | 4.4 CHTY                             |                  | Change Addition  |  |  |
| ITLE  |   | DELETE  | 5 1 TITLE<br>5 2 NAMI                |                  |  |  |  |
| IAME  |   |   |                                      | ELADORESS        |  |  |  |
| STREET ADDRESS  |   |   | 5.4 CHY                              |                  |  |  |  |
| DITY-ST-ZIP   |   | ☐ DELETE  |                                      |                  | Change Addition  |  |  |
| NAME  |   |   | 6.2 NAM                              | ī                |  |  |  |
| STREET ADDRESS  |   |   | 63 STHE                              | ET ADDRESS       |  |  |  |
|   |   |   | 6.4 CHY                              | - ST - ZIP       | And Angelia The State of the St |  |  |
| 14. I do hereby certify that  | certify that the information supp<br>the information indicated on this<br>am an officer or director of the o<br>Block 12 or Block 13 if changed | annual report or supplemental a<br>propration or the receiver or trus | nnuai report is i<br>stee en powere: | d to execute the | for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further alle and that my signature shall have the same legal effect as if made under alls report as required by Chapter 607, Florida Statutes; and that my name  |  |  |