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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # P95000059518 (7)

HAYEK CONSTRUCTION CORP.

HATEN	CONSTRUCTION CONF.				
Principal Plac	ce of Business	Mailing Address		4 AMATABAR ISA MAMAN ANTIN AMATA MATAK AMATA	- MDIAL BISON SAIDS BIIDS SSAIDI SASS SADS
856 S.W. 14TH STREET 656 S.W. 14TH S BOCA RATON FL 33486 BOCA RATON FL			2		
				3. Date Incorporated or Qualified 07/31/1995	3a. Date of Last Report 11/15/1996
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0598021	Not Applicable
Suite, Apt.	. #, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & Sta	ıle:	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zıp	Country	8. This corporation has liability for i	
24	25		10		Yes No
	g. Name and Address of Curre	nt Registered Agent	041 11	10. Name and Address of New Re	gistered Agent
HAYEK, CHARLES C			B1 Name		
	S S.W. 14TH ST.		82 Street Add	ress (P.O. Box Number is Not Acceptab	le)
80	CA RATON FL 33486		83		
			84 City		FL 85 Zip Code
11. Pursuant office or agent. I a			 the above-named corporate thorized by the corporate da Statutes. 	poration submits this statement for the pation's board of directors. I hereby acception	urpose of changing its registered at the appointment as registered
	Signature: typeofice product name of registered ag		Registered Agent signature requi		DATE
12.	OFFICERS AN	ID DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN 12 Change Addition
TITLE NAME	HAYEK, CHARLES C	☐ pere+e	1.1 TITLE 1.2 NAME		Change L. Addition
STREET ADDRESS	A-A 6 111 1 4-111 A-		1.3 STREET ADDRESS	•	
DITY-ST-ZIP	BOCA RATON FL 33486		1.4 CITY-ST-ZIP		
TITLE		☐ DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME	•	-
STREET ADDRESS			2.3 STREET ADDRESS		
C:TY+S1+ZIP			2. 4 CITY - ST - ZIP		
TITLE		☐ DELÉTE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ACCURESS			3.3 STREET ADDRESS		•
CITY-ST-ZIP		DELETE	3.4. CITY - ST - ZIP		Change Addition
TOTLE		נ טנננונ	4.1 TITLE		L Change L Addition
NAME STREET ADORESS			4. 2 NAME 4.3 STREET ADDRESS		
CITY: ST-ZIP			4.4 CITY+ST+ZIP		
TITLE		DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME		_	5.2 NAME		
STREET ADURESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZiP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAMÉ			6.2 NAME		

6.3 STREET ADDRESS

SIGNATURE:

Lam an officer or director of the corpora appears in Block 12 or Block 13 if chap

STREET ADDRESS CITY+ST-ZIP

CHAPLES C. HATEK 1-30-97
DOTHE AND TYPED OR PRINTED NAME OF BISHING OFFICER OR DIRECTOR

OBTO

O

14. I do hereby certify that the information supplied (1) this filing does not qual information indicated on this annual report or supplemental and usification.

561 3918283

for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the use and accurate and that my signature shall have the same legal effect as if made under oath; that the execute this report as required by Chapter 607, Florida Statutes; and that my name

FILED

Feb 05 1997 8:00am

Secretary of State