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

CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000033383 (6)

HKK ENTERPRISE, INC.

FILED Apr 22 1997 8:00am Secretary of State

THAT EATER HOLE INC.			·			
Principal Place of Business 820 S G STREET	Mailing Address 820 S G STREET					
LAKE WORTH FL 33460	LAKE WORTH FL 33460-48	342				
				04/17/1996	ate of Last Report	7
Principal Place of Business Total	2a. Mailing Address 26			4. FELNumber 863962	Applied For Not Applicable	le
Suite, Apt. #, etc	Suite, Apt. #, etc.			.5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	City & State			8. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	1
Zip Country 25	Zip 29	Coun	itry	8. This corporation has liability for intangible Florida Statutes	tax under s. 199.032,	
9. Name and Address of 0	Current Registered Agent			10. Name and Address of New Registered	Agent	\exists
KIVIJARVI, HARRI		1	Name .	•		
820 S G STREET LAKE WORTH FL 33460	•	Ĺ	1	ress (P.O. Box Number is Not Acceptable)		
] [B3			
		1	B4 City	FL		٦
 Pursuant to the provisions of Sections 8 office or registered agent, or both, in the agent. I am familiar with, and accept the 	07,0502 and 607,1508, Florida Statut State of Florida. Such change was a cobligations of, Section 607,0505, Flo	es, the ab authorized orida Statu	ove-named corp by the corporations.	poration submits this statement for the purpose of tion's board of directors. I hereby accept the app	f changing its registered pointment as registered	d
SIGNATURE						_
Segmature hypotheris printed name of regis	RS AND DIRECTORS	13.	Agent signature requi	ired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS ANI	DIRECTORS IN 12	2
THE D	DELETE	1.1 TiTL	.E	TODITION OF THE TODITION OF TH	Change Addition	{ §
NAME KIVIJARVI, HARRI		1.2 NA	ve j			3
STREET ADDRESS 820 S G STREET		1.3 STR	EET ADDRESS			
CITY - S1 - ZIP LAKE WORTH FL 33460		1.4 CiT	Y - ST - 21P			[8
THLE	☐ DELETE	2.1 7170	.E		Change Addition	n (C
NAME		2.2 NA	ME .			
STREET ADDRESS	•	2.3 STR	EET ADDRESS			- [
C11Y - S1 - 71"	I DOUGTE		Y-ST-ZIP			
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CHY-SI-7i ^c	DELETE	4.1 TITI	Y-ST-ZIP		Change Additio	<u>, </u>
NAME	Land Mean of	4. 2 NA	J			" }
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NAME		5.2 NA	VE)			
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C/TY - ST - ZIP		5.4 CIT	Y-ST-ZIP			
TILL	DELETE	6.1 117	LE		Change Additio	nc
NAME		6.2 NA	VIE		•	
STREET ADDRESS		6.3 ST	REET ADDRESS			-
City+S1+ZiP			Y-ST-ZIP			
14. I do horeby certify that the information s	supplied with this filing does not quali	fy for the e	exemption states	d in Section 119.07(3)(i), Florida Statutes. I furthe	er certify that the	

information indicated on this annual report or supplied with trils ming does not quality 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 or Blo

SIGNATURE:

0327422