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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000086679 (3)

P. HAWK, INC.

FILED May 08 1997 8:00am Secretary of State

Principal Place 4005 SE 10TH A CAPE CORAL FI	VENUE	denomina de la companya de la compa	Mailing Address 4005 SE 10TH AVENI CAPE CORAL FL 339	· ·			-					
						l l	e Incorporated of 18/1996	or Qualified	3a. Da	ate of La	st Repo	rt
2. Principal Pia 21 3812	ace of Business	QI un	2a. Mailing Address 26 1417-3	Delt	RADO B	4. FEI	Number 5 - 070	2059	Q	T	Applie	od For
Suite, Apt.	7, elc.	OUVE	Suite, Apt. #, etc		WIND C		tificate of Status			— —	5 Add	itional
22 City_& State			27 # 237 City & State								Requi	
23 (TAP E	= CORAL	FL	City & State CAPE CO				ction Campaign st Fund Contribu	•			00 Ma led to F	
^{Zip} 339	14 25 Coun	ÜSA	^{Zip} 3399δ		untry)S#		s corporation ha rida Statutes		intangible Yes		ers. 19	9.032,
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	9. Name and Add	ress of Current	Registered Agent		2.1.7.	10. Na	me and Addres	s of New R	egistered	Agent		
	Y, HEATHER				81 Name							
	SE 10TH AVENUE CORAL FL 33904				82 Street	Address (P.O.	Box Number is N	ot Accepta	ble)			
V/4 L	. 00 112 2 00001	•			83							
					84 City				EI	85	Zip Cod	ē
11. Pursuant t	o the provisions of Sc	ctions 607.0502	and 607.1508, Florida \$	Statutes, the a	bove-named	corporation su	bmits this staten	nent for the	purpose o	f changi	no its re	gistered
office or re	egistered agent, or bo n familiar with, and ac	oth, in the Stale o	of Florida. Such change:	was authorize	ed by the corp	poration's boar	d of directors. I t	nereby acce	pt the app	ointmen	t as reg	istered
agent Lar	•		tions of, addition for lace	, , ionae oid	IIIIIOS.							1
SIGNATURE	Signature typed or printed no					required when reins	taling)		DATE			
SIGNATURE	Signature, typed or printed no		i and title if applicable DIRECTORS	(NOTE: Registere	ed Agent signature		taling) ITIONS/CHANG	ES TO OFF				V 12
SIGNATURE	Signature, typed or paniled no	one of registered agen OFFICERS AND	and title if applicable	(NOTE: Registere	ed Agent signature			ES TO OFF		DIREC		N 12 Addition
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4. 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. If 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 frustee 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:

INATURE AND TYPED OR PRINTED NAME OF SIGNALING OFFICER OR DIRECTOR

941540 2230