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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State 💆 DIVISION OF CORPORATIONS

DOCUMENT #

P96000098701 (1)

FILED Jun 02 1998 8:00am Secretary of State

HKS,	INC.				 	
Principal Plac	ce of Business	Maring Address) (010) (011) (00)(0410) (46) (40)	
779 E MERRITT ISLAND CSWY 779 E MERRITT ISLAND CS			CSWY			
STE 1216 STE 1216			VVITI			
MERRITT ISLAND FL 32952-3516 MERRITT ISLAND		MERRITT ISLAND FL 32			IS SPACE	
3	•			3. Date Incorporated or Qualified		
	-	a apagamanan ng manga ya a aanaa		12/03/1996		
<u> </u>	Place of Business	2a, Mailing Address		4. FEI Number	Applied For	
		26		- APPLIED FOR-	Not Applicable	
		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
		27 Cd. 8 State			Fee Required	
h			6, Etection Campaign Financing	\$5.00 May Be		
Zip Country 28		28] 	Country	Trust Fund Contribution	Added to Fees	
24	├ ┐ ′	· · · · · ·	├ - ¬ ′	8. This corporation owes or has paid the		
44	25 9. Name and Address of Curren	29 29 Agent	30	Personal Property Tax due June 30. 10. Name and Address of New Registere	Yes No	
01	CHLEITH, KEVIN	Alatoton Wholir	81 Name	10. Hanno and Address Of Hem Degister	M LABOUR	
215 E CRISAFULLI RD MERRITT ISLAND FL 32953			82 Street Addr	Address (P.O. Box Number is Not Acceptable)		
į Mi	ERMIT ISLAND PL 32933		83			
	•					
			84 City	-	85 Zip Code	
44 Duranast	to the provisions of Coations (62.046)	9 and 607 1509 Usada Dist a	and the shows remark to	j-		
office or	registered agent, or both, in the State	z and 507.1508, Florida Statut of Florida_Such change was i	es, the above-hamed corp authorized by the corporat	poration submits this statement for the purpose tion's board of directors. I hereby accept the a	e or changing its registered ippointment as registered	
agent. La	am familiar with, and accept the obliga	ations of, \$3 tion 607.0505, Fit	orida Statutes.	ulan	100	
SIGNATURE	Neuen Xch	WN		4/22	./48	
12.		ntanding itangan atalo <u>(NG)</u> DDRECTORS	Registered Agent signature requir		ND DIDECTORS III 40	
TITLE	DI CONTRA NA	DELETE	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12 1 Change Addition	
NAME	ROSEN, HARRY B	Official	1.2 NAME		The Anguille The Anguille Li	
ļ.	TTO E MEDDITY IOLAND COME					
	CITY-ST-ZIP MERRITT ISLAND FL 32952-3518			1.3 STREET ADDRESS		
TITLE	D	DELETE	1.4 CHY-ST-ZIP 2.1 TITLE		Change Addition	
NAME	SCHLEITH, KEVIN	El otteit			Li Grange Li Addition	
STREET ADDRESS	215 E CRISAFULLI RD		22 NAME			
1	MERRITT ISLAND FL 32953		2.3 STREET ADDRESS			
CATY-ST-ZHP	METALLI INCHIENTE DESIGN	DELETE	2.4 CITY-S1-ZIP 3.1 TITLE		Change Addition	
NAME	1	L3 DIGITE	3.2 NAME		LI Grienge LI Augnon	
STREET ADDRESS						
			3.3 STREET ADDRESS			
CITY-ST-ZIP TITLE		DELETE	3.4. CITY- ST-ZIP		Change Addition	
NAME	İ		4.1 TITLE	•	Change Addition	
STREET ADDRESS						
			4. 2 NAME	_		
CITY-ST-ZIP			4.3 STREET ADDRESS	4	16/2	
Tetri E			4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	/	0/2	
TETLE		☐ DETETE	4.3 STREET ADDRESS 4.4 CITY - ST - ZIP 5.1 TITLE		Change Addition	
NAME			4.3 STREET ADDRESS 4.4 CITY - ST - ZIP 5.1 TITLE 5.2 NAME		Change Addition	
NAME Street address			4.3 STREET ADDRESS 4.4 CITY - ST - ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS		Change Addition	
NAME STREET ADDRESS CITY-ST-ZIP		☐ DETE¥E	4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP			
NAME STREET ADDRESS CITY-SI-ZIP TITLE			4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE	40000025495	☐ Change ☐ Addition	
NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME		☐ DETE¥E	4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME	4000025498 -06/05/9801102	Change Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE		☐ DETE¥E	4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE	4000025495 -06/05/9801103 ***150.00	Change Addition	

representation formation 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 treated 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.

800,745,5745