2003 FOR PROFIT CORPORATION

FILED Apr 21, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR** P97000012323 DOCUMENT # 1. Entity Name 04-21-2003 90511 033 ***150.00 H.G.K. CORAL SPRINGS, INC. Principal Place of Business Mailing Address *7893 W. SAMPLE ROAD 307 NORTH HIGHLANDS DRIVE CORAL SPRINGS: FL+33065 JIOLLYWOOD FL 93921 3. Mailing Address 6/00 CSCONUT 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State Applied For 4. FEI Number utation 65-0719078 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent New AD Dres & KAPPES, HARRY Street Address (P.O. Box Number is Not Acceptable) 307-N:_HIGHLANDS DRIVE 6100 COCONUT TENVACE HOLLYWOOD FL 33021 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11 CR2E034 (10/02) New Address Addition TITLE TITLE ☐ Delete KAPPES, HARRY NAME NAME 6100 COCPNUTTENS. STREET, ADDRESS 307 N. HIGHLANDS DRIVE STREET ADDRESS Plantation FL 3331 CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33021 New ADDIESS ☐ Addition TITLE TITLE □ Delete ST NAME NAME 101 00 COCONUT FEVY KAPPES, GALE STREET ADDRESS STREET ADDRESS -307 N. HIGHLANDS DRIVE CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33021-🖵 Deletë TITLE Change_ TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IF CITY-ST-7IP ☐ Change ☐ Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment ith an address, with all other like empowered

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIE

Delete

Change

Addition