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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000034531 (8)

HANS K. ENTERPRISES, INC.

FILED May 04 1998 8:00am Secretary of State



Principal Place	e of Business	Mailing Address			T 188(1984 III 1014 IDDI) BRIII
19 PONTE VE	DRA CIRCLE	19 PONTE VEDRA CIRCLE			
PONTE VEDRA BEACH FL 32082		PONTE VEDRA BEACH FL 32082			DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualified
					04/17/1997
2. Principal Pi	ace of Business	2a. Mailing Address			A EEI Number
21 2429	50 31d STREET	26 SA	ME		344 7060 Not Applicable
Sulte, Apt.		Suite, Apt. #, etc.			\$8.75 Additional
22		27			5. Certificate of Status Desired Fee Required
City & State	9	City & State			6. Election Campaign Financing \$5.00 May Be
23 JACK	CSONVIUE BEACH	28			Trust Fund Contribution
Zīp	Country	Zip	Count	У	8. This corporation owes or has paid the current year Intangible
24 3225		29	I		Personal Property Tax due June 30. Yes No
	9. Name and Address of Current	Registered Agent		1	10. Name and Address of New Registered Agent
KAT	rz, harry jr		8	l Name	
337 EAST FORSYTH STREET				82 Street Address (P.O. Box Number is Not Acceptable)	
JAC	CK SO NVILLE FL 32202				
			8	1	
			84	City	85 Zip Code
					FL S Lip ood
11. Pursuant f	to the provisions of Sections 607.0507	nnd 607.1508, Florida Statut of Florida, Such change was.	tes, the abor authorized b	ve-named - by the corp	corporation submits this statement for the purpose of changing its registered coration's board of directors. I hereby accept the appointment as registered
agent La	m familiar with, and accept the obliga	tions of, Section 607.0505, Fi	orida Statute	9S.	// /.0
SIGNATURE	1445 V	mus			4/22/98
	Signature, typed or printed name of registered agon			ont signature	required when reinstating) DATE / ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	OFFICERS AND	DELETE	13. 1.1 TITLE	т	Change Addition
TITLE	PRES.		1.2 NAME		
NAME	HANS F KAU	NH I IF			
STREET ADDRESS	19 PV CIRCU	IE ILVEDRA		FT ADDRESS	32082
CITY-ST-ZIP TITLE		DELETE	2.1 TITLE	51-ZIP	Change Addition
NAME		C been	2.2 NAME	:	
				ET ADDRESS	
STREET ADDRESS			2.4 CITY		
CITY-ST-ZIP TITLE	DELETE		3.1 TITLE	 -	☐ Change ☐ Addition
NAME			3.2 NAME	l	_ • _
STREET ADDRESS				ET ADDRESS	
CITY-ST-ZIP			3.4. CITY		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAM	F	
STREET ADDRESS				T ADDRESS	
CITY-ST-ZIP			4.4 CITY	- 1	
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAM		
STREET ADDRESS			5.3 STRE	ET ADDRESS	
CITY-ST-ZIP			5.4 CITY	·ST-ZIP	
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAM6		
STREET ADDRESS			63STRE	ET ADDRESS	
C(TY-ST-ZIP			6.4 CITY		
14 Lharoley o	certify that the information supplied will	th this filing does not qualify f	or the exem	ption state	ed in Section 119.07(3)(i), Florida Statutes. I further certify that the information
officer or	director of the corporation or the rece	iver or trustee empowered to	execu ja thi	riat my sig s report as	nature shall have the same legal effect as if made under oath; that I am an required by Chapter 607, Florida Statutes; and that my name appears in
Block 12	or Block 13 if changed, or or an attac	rhment with an address.	<i>[]</i>		