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

FILED
May 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000081034 (5)

1. Corporation Name
HKS OF DADE, INC.

Principal Place of Business	Mailing Address
1040 LINCOLN ROAD MIAMI BEACH FL 33139	1040 LINCOLN ROAD MIAMI BEACH FL 33139

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

3. Date Incorporated or Qualified: 09/18/1997

4. FEI Number: 65-0782558 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

INMAN, KATHALEEN
2770 INDIAN RIVER BLVD., STE. 313
VERO BEACH FL 32960

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	PRESIDENT - DIRECTOR	☐ Change ☐ Addition
NAME	DELGAIS, GARY		1.2 NAME	GARY J. DEL GAIS	
STREET ADDRESS	905 JASMINE LANE		1.3 STREET ADDRESS	905 - JASMINE LANE	
CITY-ST-ZIP	VERO BEACHH FL 32963		1.4 CITY-ST-ZIP	VERO BEACH, FLA 32963	
TITLE	D	☑ DELETE	2.1 TITLE	~~TREASURER - DIRECTOR~~	☐ Change ☐ Addition
NAME	FUSCO, ALLEN		2.2 NAME	~~HARRY OGDEN~~	
STREET ADDRESS	8910 GARLAND AVE.		2.3 STREET ADDRESS	~~1521 ALTON ROAD #232~~	
CITY-ST-ZIP	SURFSIDE FL 33154		2.4 CITY-ST-ZIP	~~MIAMI BEACH, FLA 33139~~	
TITLE	D	☑ DELETE	3.1 TITLE	SECRETARY - DIRECTOR - TREASURER	☐ Change ☐ Addition
NAME	KANT, JEFFREY P		3.2 NAME	NELSON ROMERO	
STREET ADDRESS	5025 DELAWARE ST.		3.3 STREET ADDRESS	900 MERIDIAN AVE #106	
CITY-ST-ZIP	MIAMI BEACH FL 33140		3.4 CITY-ST-ZIP	MIAMI BEACH, FLA 33139	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (10/97)

14. 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 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 if changed, or on an attachment with an address.

SIGNATURE: GARY J. DEL GAIS 2/20/98 561-234-7250