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

PROFIT **CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

P97000082444 (5)

HOLCK, INC.

FILED May 01 1998 8:00am Secretary of State



	·				
Principal Place	e of Business	Mailing Address		I INCHIDENTIAL THE PRINT CONT. BOTH OF THE ORDER	Bith tift: Aibit bibit aift indi
270 N FEDERAL HWY 270 N FEDERAL HWY					
HALLANDALE	FL 33009	HALLANDALE FL 33009		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
				09/23/1997	
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 27	ON FEDERAL	weg 270 N FED	eRAL Hwy	65-0801428	Not Applicable
Suite, Apt.	#, elc.	Suite, Apt. #, etc.	,	5. Certificate of Status Desired	\$8.75 Additional
22		27			Fee Required
City & State 23 HALLAN OALE FL. 28 HALLAN OALE Zip Country 71p 24 33009 25 BROWARD 29 33009 30			le Fl	6. Election Campaign Financing	\$5.00 May Be Added to Fees
23 HA LA	Country	28 717127100112	Country	Trust Fund Contribution 8. This corporation owes or has paid the c	
24 330	09 25 BROWARD	33009	BROWAR	Personal Property Tax due June 30.	Yes A No
24 3 30	Name and Address of Curren		0 70 00 00 00 00 00 00 00 00 00 00 00 00	10. Name and Address of New Registered	
TIFFORD, ALAN S					
				dress (P.O. Box Number is Not Acceptable)	
FT LAUDERDALE FL 33316			62 Street Au	bless (F.O. Box Number is Not Acceptable)	
83					
			94 (0)		85 Zip Code
			84 City	Fi Fi	L 85 Zip Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes	, the above-named co	orporation submits this statement for the purpose ation's board of directors. I hereby accept the ap	of changing its registered
office or r	egistere d agent, or both, in the State m fam iliar with, and accept the obliga	of Florida, Such change was aut itions of, Section 607.0505, Florid	monzed by the corpor da Statutes.	attorns board of directors, i hereby accept the ap	politiment as registered
SIGNATURE					
Old With the	Stonature, typied or printed can-e of registered age		Registered Agent signature req		ID 0/DE0T0D0 (1) 40
12.	OFFICERS AND	DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND	
TITLE	PD POMALD	Z VELCIE	1.1 TITLE	SD CHRISTOPHER, HOLCK 270 N FEOERAL HWY HALLAWDALE FL 3300	E Ovange Modition
NAME	HOLCK, RONALD		1.2 NAME	DOON FEDERAL HWY	
STREET ADDRESS	270 N FEDERAL HWY HALLANDALE FL 33009		1.3 STREET ADDRESS	HALLAMAN EL 3300	09
CITY-ST-ZIP TITLE	MALLANDALE PL 33009	DELETE	1.4 CITY - ST - ZIP 2.1 TITLE	THELEANDARD PE STOO	Change Addition
NAME		Car Dicera	2.2 NAME		<u>-</u>
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CITY-ST-ZIP		
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY - ST - ZIP		
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		
14. I hereby of	certify that the information supplied w	ith this filing does not qualify for	the exemption stated	in Section 119.07(3)(i), Florida Statutes. I further sture shall have the same legal effect as if made	certify that the information under oath: that I am an