

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

**FILED**  
**Mar 02, 1999 8:00 am**  
**Secretary of State**

03-02-1999 90122 033 \*\*\*150.00

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<b>*PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # P97000090229**

1. Corporation Name  
**H & K INC OF TAMPA BAY**

Principal Place of Business  
**6103 MARBELLA BLVD.**  
**APOLLO BEACH FL 33572**

Mailing Address  
**6103 MARBELLA BLVD.**  
**APOLLO BEACH FL 33572**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>10/21/1997</b>	
4. FEI Number <b>59-3475222</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business <b>21 8910 N-DALE MARRY</b> Suite, Apt. #, etc. <b>22 SUITE #37</b> City & State <b>23 TAMPA FL</b> Zip <b>24 33614</b>	2a. Mailing Address <b>26 8910 N-DALE MARRY</b> Suite, Apt. #, etc. <b>27 SUITE #37</b> City & State <b>28 TAMPA FL</b> Zip <b>29 33614</b> <b>30 HILLSBOROUGH</b>
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9. Name and Address of Current Registered Agent <b>HAFEEZ, JAVED</b> <b>6103 MARBELLA BLVD.</b> <b>APOLLO BEACH FL 33572</b>	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
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 *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE **11/3/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HASHMI, HASAN</b>	1.2 NAME	
STREET ADDRESS	<b>1001 LIVINGSTON AVE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LUTZ FL 33549</b>	1.4 CITY-ST-ZIP	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HAFEEZ, JAVED</b>	2.2 NAME	
STREET ADDRESS	<b>6103 MARBELLA BLVD</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>APOLLO BEACH FL 33572</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HASHMI, ARJUMAND</b>	3.2 NAME	
STREET ADDRESS	<b>18123 LONGWATER RUN DR</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA FL 33647</b>	3.4 CITY-ST-ZIP	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KHAN, SHAHNAZ</b>	4.2 NAME	
STREET ADDRESS	<b>11310 GRANDVIEW DR</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DADE CITY FL 33525</b>	4.4 CITY-ST-ZIP	
TITLE	<b>VP</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FIDA, SHAHEEN</b>	5.2 NAME	
STREET ADDRESS	<b>2365 HADDON HALL PL</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CLEARWATER FL 33764</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: *[Signature]* DATE **11/3/99** DAYTIME PHONE #

CR2E034 (11/98)