

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 09, 1999 8:00 am
Secretary of State

07-09-1999 90006 037 ***550.00

DOCUMENT # **P98000036275**

1. Corporation Name

FLATENN HK, INC.

Principal Place of Business
**2033 MAIN STREET, SUITE 101
SARASOTA FL 34237**

Mailing Address
**2033 MAIN STREET, SUITE 101
SARASOTA FL 34237**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/20/1998

4. FEI Number

65-1827768

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 the current year
Intangible Personal Property. ☐ Yes ☐ No

Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BEITLICH, PAUL D
2033 MAIN STREET, SUITE 101
SARASOTA FL 34237**

81 Name

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

83

84 City

FL

85 Zip Code

I, 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

LE	PD	<input type="checkbox"/> DELETE
WE	MARINKOVIC, ROLAND I	
REET ADDRESS	559 BEACH ROAD	
Y-ST-ZIP	SARASOTA FL 34242	
LE	VPD	<input type="checkbox"/> DELETE
4E	STALLINGS, DEAN	
REET ADDRESS	8130 PERRY MAXWELL CIRCLE	
Y-ST-ZIP	SARASOTA FL 34240	
LE	ST	<input type="checkbox"/> DELETE
4E	BEITLICH, PAUL D	
REET ADDRESS	2033 MAIN STREET, SUITE 101	
Y-ST-ZIP	SARASOTA FL 34237	
E	Vice President	<input type="checkbox"/> DELETE
IE	GRABER, GARY N.	
REET ADDRESS	7640 Peninsular Drive	
ST-ZIP	Sarasota, Florida	
E		<input type="checkbox"/> DELETE
E		
REET ADDRESS		
ST-ZIP		
E		<input type="checkbox"/> DELETE
E		
REET ADDRESS		
ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Vice President
4.3 STREET ADDRESS	GRABER, GARY N.
4.4 CITY-ST-ZIP	7640 Peninsular Dr.
	Sarasota, Fla. 34231
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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:

SIGNATURE REQUIRED
ROLAND I. MARINKOVIC - Pres.
Date **7-1-99** Daytime Phone # **941-346-9925**

CR2E034 (5/99)

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