

DOCUMENT # P98000048590

1. Entity Name

HAKAN FINANCE CORPORATION

FILED

00 FEB 24 AM 9:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

900734



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

9954 BURGUNDY BAY  
ORLANDO FL 32817

9954 BURGUNDY BAY  
ORLANDO FL 32817-1891

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3514690

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TUYSUZ, ISMAIL  
9954 BURGUNDY BAY  
ORLANDO FL 32857

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	TUYSUZ, ISMAIL	
STREET ADDRESS	9954 BURGUNDY BAY	
CITY-ST-ZIP	ORLANDO FL 32817	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	OZTURK, TALIP	
STREET ADDRESS	9920 KONA ISLE CT.	
CITY-ST-ZIP	ORLANDO FL 32817	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	CAKIR, FATMA	
STREET ADDRESS	9920 KONA ISLE COURT	
CITY-ST-ZIP	ORLANDO FL 32817	
TITLE	TD-S	<input type="checkbox"/> Delete
NAME	DEMIRCI, HAKAN	
STREET ADDRESS	9920 KONA ISLE CT.	
CITY-ST-ZIP	ORLANDO FL 32817	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

900003156529--S  
-03/03/00--01069--004  
\*\*\*\*\*150.00 \*\*\*\*\*150.00

LS

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

CR2E034 (9/99)