PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED Apr 23, 1999 8:00 am Secretary of State 04-23-1999 90179 039 ***150.00

DOCUMENT # P98000102250				1		
THE NEW HANKEY COMPANY, INC.						
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Principal Plac	e of Business	Mailing Address		F (EDECEMBER) DAY (EDECEMBER) DAY (OD FEET OF DECEMBER) A	TEPET HERF BRIEF HERF HERF	E BIIKI Bi rki 1831
119 TURTLE CREEK DRIVE 119 TURTLE CREEK DRIVE TEQUESTA FL 33469 TEQUESTA FL 33469						
LEGUESIA PL S	33409	TECHESIN IL SONOS			IN THIS SPACE	
{				3. Date Incorporated or Qualified 12/02/1998		-
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number		opplied For
21		26 6016 01d C	ongress Rel	52-213443		lot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	1	5. Certificate of Status Desired		Additional Required
- City & Stat	to	City & State	•	6. Election Campaign Financing	\$5.00	May Be
23	Country	28 Landona	Country	Trust Fund Contribution	Addec	to Fees
Zip 24	Country		P. Beach	This corporation owes the current Personal Property Tax.	□Yes	□No
	9. Name and Address of Current			10. Name and Address of New Re	gistered Agent	
HANKEY, HURLEY			81 Name			
119 TURTLE CREEK DRIVE		82 Street Addr	ress (P.O. Box Number is Not Acceptable	l o)		
TEQL	JESTA FL 33469		83			
			84 City		FI 85 Zip	Code
44 Pursuant	to the provisions of Sections 607.0502	and 607.1508. Florida Statutes	the above-named corp	poration submits this statement for the pu		s registered
office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State or familiar with, and accept the obligations.	f Florida, Sych change was aut	horized by the corporation is Statutes.	on's board of directors. I hereby accept	the appointment as r	egistered
				,	,	,
SIGNATURE	Chillies IM	Stanber		4//	<u> 5 / 99</u>	
SIĞNATURE	Signatural typics or printed neme at possible of agent	play jested applicable	Statered Agent algoriture require	4//	3 / 4 9 DATE	
	Signature typic or present name as pressured separate Press (dend	D DELETE	egistered Agent eigneture require	rd when renatating)	3 / 4 9 DATE	
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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 informational 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 sective 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.

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