FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 PM 10:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S28285 (2)

1. Corporation Name
HAWKE ENTERPRISES, INC.

Principal Place of Business
1321 W. WATERS AVENUE
TAMPA FL 33604

Mailing Address
PO BOX 292743
TEMPLE TERRACE FL 33687-2743

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/30/1991
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3065673 — 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 has liability for intangible tax under s. 199.032 Florida Statutes. Yes / No

2. Principal Place of Business (21) / 2a. Mailing Address (26)
Suite, Apt. # etc. (22) / (27)
City & State (23) / (28)
Zip (24) Country (25) / Zip (29) Country (30)

9. Name and Address of Current Registered Agent

KASTEN, A. CHRISTOPHER
101 E KENNEDY BLVD STE 1240
BARNETT PLAZA
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 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

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	KASTEN, A. CHRISTOPHER
STREET ADDRESS	101 E KENNEDY BLVD #1240
CITY-ST-ZIP	TAMPA FL
TITLE	P
NAME	HAWKE, STEPHEN A
STREET ADDRESS	10903 THERESA ARBOR DR
CITY-ST-ZIP	TEMPLE TERRACE FL
TITLE	VST
NAME	HAWKE, BRIAN H
STREET ADDRESS	6407 112TH AVE
CITY-ST-ZIP	TEMPLE TERRACE FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS — TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP — Change / Addition (blank)

14. I hereby certify that the information supplied with this filing is voluntarily furnished and 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: Brian H Hawke — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-95 (Date) 813 9223864 (Daytime Phone)

0444005 FP