FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT

1997

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

FILED
May 14 1997 8:00am
Secretary of State

DOCUMENT # **S28285** **(2)**

1. Corporation Name
HAWKE ENTERPRISES, INC.

Principal Place of Business:
5515 ANDERSON ROAD
TAMPA FL 33614
US

Mailing Address:
PO BOX 292743
TEMPLE TERRACE FL 33687-2743

2. Principal Place of Business
21 Suite, Apt. #, etc
22 City & State
23 Zip
24 Country 25

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country 30

3. Date Incorporated or Qualified **01/30/1991**

3a. Date of Last Report **05/01/1996**

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

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
Signature (Specify position if other than chairman or president) (NEW Registered Agent signature required when applicable) DATE

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	[ ] Change	[ ] Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	[ ] Change	[ ] Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	[ ] Change	[ ] Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	[ ] Change	[ ] Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	[ ] Change	[ ] Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	[ ] Change	[ ] Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 any attachment with an address.

SIGNATURE VST

CR2E034 (9/96)