## 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

DOCUMENT # **S97201**1. Corporation Name

(5)

Mailing Addross

STEVEN E. HAWK, P.A.

General Disco of Business

FILED Jan 28 1997 8:00am Secretary of State

701 N. PALMETTO ST. SUITE B LEESBURG FL 34748  2. Principal Place of Business 21 Suite, Apt. #, etc.		701 N. PALMETTO ST. SUITE B LEESBURG FL 34748-4464  28. Mailing Address 26 Suite. Apt #, etc.					te of Last Report 1/1996 Applied For Not Applicable \$8.75 Additional	
City & State		City & State	City & State		Election Campaign Financing     Trust Fund Contribution		\$5.00 May Be Added to Fees	
23 Zip 24	Country 25	Zip     29	Country 30	<b>y</b>	This corporation has liability for in Florida Statutes	ntangible t	ax under No	
LJAVAN	9. Name and Address of Curre	nt Registered Agent	81	Name	10. Name and Address of New Re	gistered A	gent	
	k, steven e. N. palmetto st.							
SUITE B			82	Street Add	dress (P.O. Box Number is Not Acceptab	( <del>0</del> )		
LEES	BURG FL 34748		83					
			84	City			85 Zig	p Code
11 9 20 10011	a the recuipers of Spations 607.06	02 and CO7 1509 Florida Stat	utoe the abov	no named on	rporation submits this statement for the p	FL	changing	ite registered
SIGNATURE .	Signature, typed or printed name of registered as OFFICERS AF	ger and tile if applicable (NI ND DIRECTORS	OTE. Registered Ag  13.  1.1 TITLE	ent signature requ	uired when reinstating)  ADDITIONS/CHANGES TO OFFIC		DIRECTO	
NAME STREET ADDRESS	HAWK, STEVEN E. 701 N. PALMETTO ST., #B		1.2 NAME	T ADDRESS	<b>3</b> 4748			
C TY - ST - ZIP	LEESBURG FL ST	DELETE	1.4 CITY-	ST-ZIP	34140		Change	Addition
TITLE NAME	ATKINS-HAWK, LOIS.S	C) DECEIE	2.1 TITLE 2.2 NAME	-			LLI Change	; Madillott
STREET ADDRESS	1408 S 9TH ST.			T ADDRESS				
CITY - ST - ZIP	LEESBURG FL		2. 4 CITY-	ST - ZIP	4.34748			
TITLE		DELETE	3.1 TITLE				☐ Change	e Addition
NAVE			3.2 NAME					
STREET ADDRESS   CITY - ST - ZIP			3.3 STREE 3.4. CITY -	T ADDRESS				
TILE		DELETE	4.1 TITLE	31"211			Change	Addition
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREE	T ADDRESS				
CITY - ST - ZIP		T on the	4.4 CITY -	ST-ZIP			Chara	Addition
THLE		☐ DELETE	5.1 TITLE 5.2 NAME				Change	e L. Addition
NAME STREET ADDRESS				T ADDRESS				
CITY-ST-ZIP			5.4 CITY -		•			
TITLE		DELETE	6.1 TITLE		· · · · · · · · · · · · · · · · · · ·		☐ Change	e Addition
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREE	T ADDRESS	***			
CITY - SE-ZIP			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 an attachment with an address.

SIGNATURE: ON J. ONKING HEWIK 15/7

01-20-97

787-8850