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Feb 10, 1999 8:00am
Secretary of State

02-10-1999 90035 022 *****150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V04413

1. Corporation Name

H & K INTERNATIONAL, INC.

Principal Place of Business

4520 EAU GALLIE BLVD.
MELBOURNE FL 32935

Mailing Address

4520 EAU GALLIE BLVD.
MELBOURNE FL 32935

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/02/1992

4. FEI Number

59-3113259

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

GANDHI, PRATIBHA
4520 EAU GALLIE BLVD
SUITE 202
MELBOURNE FL 32934

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME MONTGOMERY, KENNETH L.
STREET ADDRESS 3400 JAY TREE DRIVE
CITY-ST-ZIP MELBOURNE, FL 32937

TITLE D ☐ DELETE

NAME GANDHI, HEMANT R.
STREET ADDRESS 442 LANTERBACK ISLAND DR
CITY-ST-ZIP SATELLITE BEACH FL

TITLE D ☐ DELETE

NAME GANDHI, PRATIBHA H
STREET ADDRESS 442 LANTERBACK ISLD DR
CITY-ST-ZIP SATELLITE BCH FL

TITLE D ☐ DELETE

NAME CHERLY, MONTGOMERY
STREET ADDRESS 3400 JAYTREE DRIVE
CITY-ST-ZIP MELBOURNE FL

TITLE D ☐ DELETE

NAME PATEL, BIPIN
STREET ADDRESS 4619 LONGBOW DRIVE
CITY-ST-ZIP TITUSVILLE FL 32796

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/198)