

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**May 06, 1999 8:00 am**  
**Secretary of State**

05-06-1999 90036 048 \*\*\*158.75

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<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # V54783**

1. Corporation Name  
**HJK INVESTMENTS, INC.**



Principal Place of Business 4391 38TH WAY SOUTH ST PETERSBURG FL 33711	Mailing Address 4391 38TH WAY SOUTH ST PETERSBURG FL 33711
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	14563 BROOKRIDGE BL.	26	14563 BROOKRIDGE BL.	07/28/1992	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
				59-3136067	
22		27		Applied For	
City & State		City & State		Not Applicable	
23 BROOKSVILLE, FL.		28 BROOKSVILLE, FL.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Zip Country		Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 34613 25		29 34613 30		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ENGLANDER & FISCHER, P.A. 5959 CENTRAL AVE SUITE 201 ST. PETERSBURG FL 33710				81 Name ENGLANDER & FISCHER, P.A.			
				82 Street Address (P.O. Box Number is Not Acceptable) 721 FIRST AVENUE N.			
				83			
				84 City ST. PETERSBURG FL			
				85 Zip Code 33731			

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: *Jo Anne Knuth* DATE: 4/29/1999

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KNUTH, GARY R.			1.2 NAME	KNUTH GARY R.		
STREET ADDRESS	4391 38TH WAY SOUTH			1.3 STREET ADDRESS	14563 BROOKRIDGE BLVD.		
CITY-ST-ZIP	ST. PETERSBURG FL			1.4 CITY-ST-ZIP	BROOKSVILLE, FL. 34613		
TITLE	STD	<input type="checkbox"/> DELETE		2.1 TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KNUTH, JO ANNE			2.2 NAME	KNUTH JO ANNE		
STREET ADDRESS	4391 38TH WAY SOUTH			2.3 STREET ADDRESS	14563 BROOKRIDGE BLVD.		
CITY-ST-ZIP	ST. PETERSBURG FL			2.4 CITY-ST-ZIP	BROOKSVILLE, FL. 34613		
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KNUTH, NAOMA F.			3.2 NAME	KNUTH NAOMA F.		
STREET ADDRESS	4391 38TH WAY, SOUTH			3.3 STREET ADDRESS	14563 BROOKRIDGE BLVD.		
CITY-ST-ZIP	ST. PETERSBURG FL			3.4 CITY-ST-ZIP	BROOKSVILLE, FL. 34613		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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: *Jo Anne Knuth* DATE: 4/29/99 352-597-5111

CR2E034 (11/98)