

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sara A. Moxam
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 19 AM 1:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000062459 (0)

1. Corporation Name

HACKL ENTERPRISES, INC.

Principal Place of Business

824 U.S. HIGHWAY 1, SUITE 260
NORTH PALM BEACH FL 33408

Mailing Address

824 U.S. HIGHWAY 1, SUITE 260
NORTH PALM BEACH FL 33408

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/24/1994

3a. Date of Last Report

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip

30 Country

4. FEI Number

65-0516462

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

9. This corporation has liability for intangible tax under S. 199.033, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

HACKL, CRAIG M
824 U.S. HIGHWAY 1, SUITE 260
NORTH PALM BEACH FL 33408

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 firm if applicable

NOTE: Registered Agent signature required when incorporating

DATE

12. OFFICERS AND DIRECTORS

TITLE: D
NAME: HACKL, CRAIG M
STREET ADDRESS: 824 U.S. HIGHWAY 1, SUITE 260
CITY - ST - ZIP: NORTH PALM BEACH FL 33408

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

Change Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 007, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

Craig M. Hackl
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CRAIG M. HACKL

Date

Signature (Block 2)

3-1-95 x 407.625.0276