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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

180701

(5)

W.H. HINTON, INC.

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Feb	12	1997	8:00am
Se	ecre	tary (of State

2/6**67** 954-522-0466

FII FD

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Principal Place	e of Business	Mailing Address						
1102 SE 7TH 1		1102 SE 7TH ST			}			
	DALE FL 33301	FORT LAUDERDALE FL 3	3301-3026					
		•				· • • · · · · · · · · · · · · · · · · ·		
					 Date Incorporated or Qualifier 09/22/1954 		e of Last f 6/1996	Report
Principal P	ace of Business	2a. Mailing Address			4. FEI Number		A	pplied For
		26			59-0810061	_	N	ot Applicabl
Suite, Apt	#, etc.	Suite, Apt. #, etc.			6. Certificate of Status Desired			Additional
<u> </u>		27			S. Certificate of States Desired		Fee R	equired
City & State	•	City & State			6. Election Campaign Financing	<u></u>	\$5.00	May Be
<u> </u>		28	· · · · · · · · · · · · · · · · · · ·		Trust Fund Contribution			to Fees
Z ₁ p	Country	Zip	Country		8. This corporation has liability for			s. 199.032 ₁
<u> </u>	25	29	30		Florida Statutes	Yes [
	9. Name and Address of Curren	nt Hegistered Agenit	81	Name	10. Name and Address of New	registered A	gent	
	QUELINE, WIELAND	•	61	Marine				
_	2 S.E. 7TH STREET	•	82	Street Add	ress (P.O. Box Number is Not Accep	table)		,,, .==
FOF	IT LAUDERDALE FL 33301							
			83					
			84	City			85 Zip	Code
						FL	<u> </u>	
office or r	egistered agent, or both, in the State m familiar with, and accept the oblig	of Florida. Such change was a	authorized by	the corpora	poration submits this statement for the stion's board of directors. I hereby acc	cept the appo	ointment a	s registered
IGNATURE:								
	Stonature, typed or purified name of maistered and	ent and trie it applicable (NO)	F. Registered Agen	sionature recui	ired when reinstation)	DATE		
	Signature, typical or printed name of registered age OFFICERS AN		E: Registered Agen	t signature requ	ired when reinstating) ADDITIONS/CHANGES TO OF	DATE FICERS AND	DIRECTO	RS IN 12
2.		ent and lide if applicable (NOT DID DIRECTORS DELETE		t signature requ	ired when reinstating) ADDITIONS/CHANGES TO OFI	FICERS AND	DIRECTO	
2. ĭlf	OFFICERS AN	D DIRECTORS	13. 1.1 TITLE	t signature requ		FICERS AND		
Z. TLF AME	OFFICERS AN D JACKSON, SARAH F	D DIRECTORS	13. 1.1 TITLE 1.2 NAME			FICERS AND		
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