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 # P96000087719 (6)

A M HINKA, INC.

Principal Place of Business Mailing Address 3914 ST. JOHNS AVENUE 3914 ST. JOHNS AVENUE JACKSON VILLE, 3. Date Incorporated or Qualified 3a. Date of Last Report 10/24/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional Certificate of Status Desired Fee Required City & Stato 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees Country 8. This corporation has liability for integrable tax under s. 199.032, 25 29 Florida Statutes 30 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name HINKA, ANITA M 3914 ST. JOHNS AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, 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: Bogistered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)DELETE TITLE Change Addition PRESIDENT 1.1 TITLE NAME 1.2 NAME STREET ADORESS 1.3 STREET ADDRESS CITY-ST-ZIP 205 Delete 1.4 CITY - \$1 - 7IP TITLE 2.1 TO LE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY - ST - ZIP TITLE DELETE 3.1 TITLE Change Addition NO OTHERS NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST- ZIF DELF1E TITLE 4.1 TYLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - 7IP CITY-ST-ZIP DELETE ___ Change TITLE Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST- 2IP DELETE Change Addition TITLE 6.1 TILLE NAME 6.2 NAM6 STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CHY - S1 - 7/P 14. I do hereby certify that the information supplied with this filling 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 atjachment with an address.

FILED

May 12 1997 8:00am

Secretary of State