

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

**FILED**

**Jan 16 1998 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1998**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P96000095449 (0)**  
1. Corporation Name  
**THE 2022 GROUP, INC.**



Principal Place of Business      Mailing Address  
14521 ROSEWOOD ROAD      14521 ROSEWOOD ROAD  
MIAMI LAKES FL 33014      MIAMI LAKES FL 33014

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/18/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		APPLIED FOR 65-0717563		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
22		27		<input type="checkbox"/>		<input type="checkbox"/>	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
23		28		<input type="checkbox"/>		<input type="checkbox"/>	
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.			
24		25		29		30	
g. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent					

HINTON, CHRISTINE  
14521 ROSEWOOD ROAD  
MIAMI LAKES FL 33014

81	Name	85	Zip Code
82	Street Address (P.O. Box Number is Not Acceptable)		
83			
84	City	FL	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPS <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HINTON, CHRISTINE	1.2 NAME	
STREET ADDRESS	14521 ROSEWOOD ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI LAKES FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HINTON, WALTON	2.2 NAME	
STREET ADDRESS	14521 ROSEWOOD ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI LAKES FL	2.4 CITY-ST-ZIP	
TITLE	DVP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HINTON, KENNETH	3.2 NAME	
STREET ADDRESS	14521 ROSEWOOD RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI LAKES FL	3.4 CITY-ST-ZIP	
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.

**SIGNATURE:** *Christine Hinton* **WIDE REQUIRED**

1-6-98 305-821-9513

CR2E034 (10/97)