Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90045 019 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 409329

1. Corporation Name

HOO IN	TEHNATIONAL, INC.										
Principal Place	e of Business	Mailing Address				- I IOOAIII OSOII BOIEB	INTERNATION		1888 BIBI O 8		
2080 W HWY 520 PO BOX 3844											
COCOA FL 32926 COCOA FL 32924											
US US						DO NOT WRITE IN THIS SPACE					
						3. Date incorporated or	Qualifed				
				· · · · · · · · · · · · · · · · · · ·		09/25/1972					
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number					ied For
21		26				<u>59-1386775</u>					Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certifcate of Status I	Desired			/ 5 Ad ø Requ	ditional
22 27							<u>'</u>				
City & State	e '	City & State				6. Election Campaign F	-		-	00 м	•
23		28				Trust Fund Contribut				ded to	rees
Zip	Country	Zip	Countr	У		8. This corporation owes the current year Intang		angible ☐Yes	_]No	
24	25	29	30	<u> </u>		Personal Property To 10. Name and Address		anietorod			7140
-	9. Name and Address of Curre	nt Registered Agent	8	1 No	me	10. Name and Address	OI NEW N	egistereu	Agent		
GOR	RDON, RICHARD		ا ا	' '''	iiie						
4636 N FRIDAY CIRCLE			82	2 Str	eet Addre	ess (P.O. Box Number is N	ot Accepta	ble)			
COCOA FL 32926			8:								
1	70A TE 02320		0-	3							
			84	4 Cit	у			FL	85	Zip Co	ode
11 Pursuant	to the provisions of Sections 607.05	02 and 607.1508. Florida Statut	es, the abo	ve-nar	ned corpo	pration submits this statement	ent for the	numose of	changin	g its re	egistered
office or n	egistered agent, or both, in the State m familiar with, and accept the oblig	of Florida. Such change was a	iuthorized bi	y the c	corporatio	n's board of directors. I her	eby accep	t the appoi	ntment a	is regi	stered
SIGNATURE											
	Signature, typed or printed name of registered ag	· · · · · · · · · · · · · · · · · · ·		ent signa	iture required	when reinstating)		DATE	10 DIDE	CTOD	C (N) 40
12.	OFFICERS AND DIRECTORS DP			13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TILE			1,1 TITLE						C.) Oria	1,90	
NAME	GORDON, RICHARD		1.2 NAME								
STREET ADDRESS	4636 N FRIDAY CIRCLE		1	1.3 STREET ADDRESS							
CITY-ST-ZIP	COCOA; FL 00000		1.4 CITY-	ST-ZIP							T A AFE.
TITLE	ST	☐ DELETE	2.1 TITLE						☐ Cha	nge	Addition
NAME		· · · · · · · · · · · · · · · · · · ·		2.2 NAME							
STREET ADDRESS	4636 N FRIDAY CIRCLE		2.3 STRE	ET ADDR	RESS						
CITY-ST-ZIP	COCOA, FL 00000		2.14 CITY	-ST-ZIP	-		24				3
111/E		☐ DELETE	3.1 TITLE		1				Cha	nge	☐ Addition
NAME			3.2 NAME	•							
STREET ADDRESS	_		3.3 STREE	ET ADDR	ESS						
CITY-ST-ZIP			3.4. CITY-	-ST-ZIP							
TITLE		☐ DELETE	4.1 TITLE						Cha	ınge	Addition
NAME			4, 2 NAME	E	- 1				•		
STREET ADDRESS			4.3 STRE	ET ADDF	RESS						
CITY-ST-ZIP			4.4 CITY-	ST-ZIP							
TITLE		DELETE	5.1 TITLE				•		Cha	inge	Addition
NAME .			5.2 NAME	<u>:</u>							
STREET ADDRESS			5.3 STRE	ET ADDR	ESS						
CITY-ST-ZIP			5.4 CITY-	ST-ZIP							
TITLE		☐ DELETE	6.1 TITLE						☐ Çha	nge	☐ Addition
NAME			6.2 NAME								

14. 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP