

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

**FILED**  
**Apr 30, 1999 8:00 am**  
**Secretary of State**

04-30-1999 90190 006 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F14337**

1. Corporation Name  
**J.P. HINDE, ENTERPRISES, INC.**

Principal Place of Business 1225 NW 21ST ST STE 3207 STUART FL 34994	Mailing Address 1225 NW 21ST ST STE 3207 STUART FL 34994
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	3801 S.W. KAKOPO ST.	26	3801 S.W. KAKOPO ST.	01/07/1981	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2085585	
City & State		City & State		Applied For	
23		28		Not Applicable	
34953 USA		34953 U.S.A.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip Country		Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24		29		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**HINDE, JOHN P**  
 1225 NW 21ST ST SUITE 3207  
 STUART, FL

10. Name and Address of New Registered Agent

81	Name	HINDE, JOHN P.
82	Street Address (P.O. Box Number is Not Acceptable)	3801 S.W. KAKOPO ST.
83	City	PORT ST. LUCIE
84	State	FL
85	Zip Code	34953

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: *John P. Hinde* **JOHN P. HINDE** DATE: **4/27/99**

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	HINDE, JOHN P	
STREET ADDRESS	1225 NW 21ST ST #3207	
CITY-ST-ZIP	STUART, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HINDE, BARBARA L	
STREET ADDRESS	1225 NW 21ST ST #3207	
CITY-ST-ZIP	STUART, FL 00000	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	HINDE, JOHN P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	3801 S.W. KAKOPO ST.	
1.3 STREET ADDRESS	PORT ST. LUCIE FL. 34953	
1.4 CITY-ST-ZIP		
2.1 TITLE	HINDE, BARBARA L.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	3801 S.W. KAKOPO ST.	
2.3 STREET ADDRESS	PORT ST. LUCIE, FL. 34953	
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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, with all other like empowered.

SIGNATURE: *John P. Hinde* **JOHN P. HINDE** DATE: **4/27/99** DAYTIME PHONE #: **561-340-1401**

CR2E034 (11/98)