

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

**FILED**  
**Apr 10 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F59009 (3)**  
 1. Corporation Name  
**DAVID HINCKEN, INC.**



Principal Place of Business <b>6635 WEST COMMERCIAL BLVD.                  STE. 202                  TAMARAC FL 33319                  US</b>	Mailing Address <b>6635 WEST COMMERCIAL BLVD.                  STE. 202                  TAMARAC FL 33319                  US</b>
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DO NOT WRITE IN THIS SPACE

<b>21</b> 2. Principal Place of Business <b>6635 West Commercial Blvd.</b> Suite, Apt. #, etc.	<b>26</b> 2a. Mailing Address <b>same</b> Suite, Apt. #, etc.
<b>22</b> <b>Suite 202</b> City & State	<b>27</b> City & State
<b>23</b> <b>Tamarac Florida</b> Zip Country	<b>28</b> Zip Country
<b>24</b> <b>33319</b> <b>25</b> <b>Broward</b>	<b>29</b> <b>30</b>

<b>3.</b> Date Incorporated or Qualified <b>12/18/1981</b>	
<b>4.</b> FEI Number <b>59-2172506</b>	Applied For <input type="checkbox"/> Not Applicable
<b>5.</b> Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
<b>8.</b> This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**  
**HINCKEN, DAVID A.**  
**6047 KIMBERLY BLVD., #W**  
**N. LAUDERALE FL 33068**

**10. Name and Address of New Registered Agent**

<b>81</b> Name <b>Hincken, David A.</b>	
<b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>6635 West Commercial Boulevard</b>	
<b>83</b> <b>Suite 202</b>	
<b>84</b> City <b>Tamarac</b>	<b>85</b> Zip Code <b>FL 33319</b>

**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** \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HINCKEN, DAVID A.</b>	1.2 NAME	
STREET ADDRESS	<b>4606 NW 48TH ST</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMARAC FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>ST</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ARMENO, JOSEPHINE</b>	2.2 NAME	
STREET ADDRESS	<b>3431 N.W. 47TH AVE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>COCONUT CREEK FL</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		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:** *David A. Hincken* **4/10/98** **254-744-9885**

CF2E034 (10/97)