

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

FILED
Apr 10 1998 8:00am
Secretary of State

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



DO NOT WRITE IN THIS SPACE

Principal Place of Business 6635 WEST COMMERCIAL BLVD. STE. 202 TAMARAC FL 33319 US	Mailing Address 6635 WEST COMMERCIAL BLVD. STE. 202 TAMARAC FL 33319 US
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3. Date Incorporated or Qualified 12/18/1981	
4. FEI Number 59-2172506	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. 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	

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

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

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		DELETED
TITLE	P	<input type="checkbox"/>
NAME	HINCKEN, DAVID A.	
STREET ADDRESS	4606 NW 48TH ST	
CITY-ST-ZIP	TAMARAC FL	
TITLE	ST	<input type="checkbox"/>
NAME	ARMENO, JOSEPHINE	
STREET ADDRESS	3431 N.W. 47TH AVE	
CITY-ST-ZIP	COCONUT CREEK FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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.

SIGNATURE: *David A. Hincken* 4/10/98 254-744-9885

CF2E034 (10/97)