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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED May 01 1998 8:00am Secretary of State

	MENT # KO3379 Name HOGINE, INC.	(0)					
Principal Place of Business 16 LEONARD S. HOGAN 1784 NINTH AVENUE NORTH ST. PETERSBURG FL 33713		Mailing Address % LEONARD S. HOGAN 1764 NINTH AVENUE NORTH ST. PETERSBURG FL 33713		DO NOT WRITE		II BIBII BIBII ISBY	
					3. Date Incorporated or Qualified 11/20/1987		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	T.	Applied For Not Applicable
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.			59-2866464 5, Certificate of Status Desired	\$8.	75 Additional
City & State	Δ	City & State			· · · · · · · · · · · · · · · · · · ·	F	ee Required
23	v	28			Election Campaign Financing Trust Fund Contribution		.00 May Be Ided to Fees
Zip	Country	Zip	Country		8. This corporation owes or has pai		
24	25 Name and Address of Current	29 Registered Agent	30		Personal Property Tax due June 10. Name and Address of New Reg		∐ No
HO	GAN, LEONARD S.		81	Name	70,		
1764 NINTH AVENUE NORTH			B2	Street Addre	ess (P.O. Box Number is Not Acceptable	le)	
ST.	PETERSBURG FL 33713		83			·	
			84	City		85	Zip Code
				City		FL °°	Zip Code
office o r re age nt. I a	m familiar with, and accept the obligat	if Florida, Such change was ions of, Section 607,0505, I	s authorized by Florida Statutes	the corporati	oration submits this statement for the proof of the proof of directors. I hereby acceptions	t the appointme	nt as registered
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AND	and toe if applicable (NO	s authorized by Florida Statutes OTE Registered Ager	the corporati	on's board of directors. I hereby accep	DATE ERS AND DIREC	nt as registered
SIGNATURE 12. TITLE	Signature, typod or printed name of registered agent OFFICERS AND	and the if applicable (No	TE Registered Ager 13. 1.1 TITLE	the corporati	on's board of directors. I hereby accep ad when reinstating)	t the appointme	nt as registered
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replaced on this annual report is supplemental annual report is true and accurate and that my signature shall have the same legal effect as it 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.

(813)-821-4179