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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

L01500

(2)

HIRN, INC.

Principal Place of Business

Mailing Address

FILED Apr 29 1998 8:00am Secretary of State



5904 TIMBER VALLEY DR. PO BOX 6199 LAKE WORTH FL 33463 LAKE WORTH FL 33466 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/10/1989 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 2176 A06 ROAD 26 65-0134367 Not Applicable Suite Apt # etc Suite, Apt. #, etc. \$8.75 Additional 6. Certificate of Sfatus Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be GREENACKES 23 28 Trust Fund Contribution Added to Fees Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent HAKRY **5904 TIMBER VALLEY DRIVE** Street Address (P.O. Box Number is Not Acceptable) LAKE WORTH FL 33463 ROAD 506 Zip Code GREENACLES 33478 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 registored 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 Signature, typed or pointed name of registered agent and title if applicable Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE 1.1 TITLE Addition Change DRAUCH, HARRY AUCH HARRY NAME 12 NAME 5904 TIMBER VALLEY DRIVE STREET ADDRESS 1.3 STREET ADDRESS LAKE WORTH FL CITY-ST-ZIP 1.4 CITY-ST-ZIP FREENACRES DELETE TITLE 2.1 TITLE Change NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-7/P 2. 4 CITY-ST-ZIP DELETE TITLE 3.1 T/TLF Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP ☐ D€L€TE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE ☐ Change ___ Addition NAME 52 NAME STREET ADDRESS **53 STREET ADDRESS** CITY-ST-ZIP 54 CITY-ST-ZIP TITLE DELETE Change ☐ Addition 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY - ST - ZIP 6.4 CITY-ST-ZIP

14. Thereby 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 supplimental 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 cocievor or tuestee 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 attaching of hith an address

4/24/18

SIGNATURE:

CR2E034 (10/97)