## 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

## P93000004677 (9)

THE HINGLE OF CARACOTA INC

Principal Place of Business	Mailing Address
905 CATTLEMAN RD	905 CATTLEMAN RD
SARASOTA FL 34232	SARASOTA FL 34232

**FILED** Feb 13 1998 8:00am Secretary of State

	Make of Banabota,	II 10·							
Principal Plac	e of Business	Mailin	g Address				- T TORECTORIES IN THIS CONTINUENCY DESCRIPTION OF THE PROPERTY OF THE	ı dığılır ilkanı banalığı	
905 CATTLEN	AAN RD	905 (	CATTLEMAN RD						
SARASOTA F			SOTA FL 34232				DO NOT WOITE IN T	110 00AOE	
							DO NOT WRITE IN T	HIS SPACE	
i							3. Date Incorporated or Qualified		
9 Principal P	lace of Business	20 14	ailing Address				01/14/1993 4. FEI Number		pplied For
21	lace of Bosiness	26	annig Addiess				1	<del></del>	ot Applicable
Suite, Apt.	# etc.		ille, Apt. #, etc.				65-0379946		Additional
22	, 0.0.	27					5. Certificate of Status Desired		equired
City & Stat	le		ty & State				6. Election Campaign Financing	\$5.00	May Be
23		28					Trust Fund Contribution		to Fees
Zip	Country	Zı	р	Co	untry		8. This corporation owes or has paid the	current year In	tangible
24	25	29		30			Personal Property Tax due June 30.		□ No
	g, Name and Address of Co	urrent Register	ed Agent				10. Name and Address of New Registe	red Agent	
PE	HOTA, CANDY JOY				81	Name			
	5 CATTLEMAN RD				62	Street Addre	ess (P.O. Box Number is Not Acceptable)		<del></del>
SA	RASOTA FL 34232								
					83				
1					84	City		85 Zip	Code
						•			İ
11. Pursuant	to the provisions of Sections 607 registered agent, or both, in the 5	7.0502 and 607. State of Florida	1508, Florida Statu Such channe was	ites, the i	above vd ba	e-named corporation	oration submits this statement for the purpoon's board of directors. I hereby accept the	se of changing i	ts registered
agent. I a	im familiar with, and accept the	obligations of, Si	clion 607.0505, F	lorida St	atutes	i.	or a board or anoctors, i horoby accopt in	appointment as	, Togistoroa
SIGNATURE		=	<del></del>						
	Signature, typiod or printed name of register					nt signature required			20 151 40
12.	OFFICERS	S AND DIRECTO	DELETE	13	TITLE	<b>-</b>	ADDITIONS/CHANGES TO OFFICERS	Change	Addition
, ,	PEHOTA, CANDY JOY		בן טנננונ					C) circles	
NAME OFFICE ADDRESS	905 CATTLEMAN RD				NAME				
STREET ADDRESS	SARASOTA FL 34232					ADDRESS			
CITY-ST-ZIP TITLE	SAIMSUIA FL S4232		DELETE	_	CITY-S TITLE	1-212		Change	Addition
NAME			better	1	NAME	1		C Ostaniĝe	
STREET ADDRESS						ADDRESS			İ
									- 1
CITY-ST-ZIP TITLE			DELETE	_	CITY-S TITLE	01-28		Change	Addition
NAME				1	NAME				
STREET ADDRESS						ADDRESS			İ
CITY - ST - ZIP					CITY-S				
TITLE			☐ DELETE	_	TITLE	11 LIF		☐ Change	Addition
NAME				- 1	NAME	j			
STREET ADDRESS						ADDRESS			
CITY-ST-ZIP					CITY-S				1
TITLE			DELETE	51				☐ Change	Addition
NAME			☐ DELETE		11146	1			
1			- ottere	8		)		onenge	Ì
STREET ADDRESS			_ been	5.2	NAME	ADDRESS		ப்	]
			- oren	5.2 i 5.3 :	NAME STREET	ADDRESS 1-71P		கூ	
STREET ADDRESS CITY-ST-ZIP TITLE				5.2   5.3   5.4	NAME STREET CITY-S			Change	☐ Addition
CITY-ST-ZIP			DELETE	5.2   5.3   5.4   6.1	NAME STREET CITY-S IITLE				Addition
CITY-ST-ZIP TITLE				5.21 5.33 5.41 6.11 6.21	NAME STREET CITY-S TITLE NAME				☐ Addition

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 emprayered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter on an attribution with an addition.