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

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

**FILED** 

Mar 30 1998 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

1. Corporation	MENT # P930 HINE HOMES, INC.	00066089 (2)				
Principal Plac	e of Business	Mailing Address			<b>0</b> 4444 0161 00401 10114 1011 1001	
1275 SO. PATRICK DR. PO BOX 410196 UNIT D MELBOURNE FL 32941						
SATELLITE BEACH FL 32937					DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified		
Principal C	Place of Business	Con Malling Address		09/22/1993		
21	race of Business	2a. Mailing Address		4. FEI Number	Applied For	
Suite, Apt.	#, etc	Suite, Apt. #, etc.		59-3205820	Not Applicable \$8.75 Additional	
22		27		5. Certificate of Status Desired	Fee Required	
City & State		City & State		Election Campaign Financing	\$5.00 May Be	
23		28		Trust Fund Contribution	Added to Fees	
Žip	Country	Zip	Country	8. This corporation owes or has paid the c	urrent year Intangible	
24	25		30	Personal Property Tax due June 30.	Yes No	
	9. Name and Address of Cur	rent Hegistered Agent	81 Name	10. Name and Address of New Registered	1 Agent	
171	EPLES, JAMES			CLERC Jean yver	<b>)</b>	
505 N: ORLANDO AVE.			82 Street	Address (P.O. Box Number is Not Acceptable)	1/	
اسلا	JUA-86H-FE-32032.		83	15 A Proda C	<u>Interior</u>	
[			B4 City	Melhoum. Fl	85 Zip Code	
11. Pursuant	to the provisions of Sections 607.0	1502 and 607.1508. Florida Statute	s, the above-named			
office or r agent. I a	egistered agent, or both, in the act im familiar with, and accept the ob-	ate of Florida. Such change was a ligations of, Section 607.0505, Flo	uthorized by the corp rida Statutes.	corporation submits this statement for the purpose poration's board of directors. I hereby accept the ap	pointment as registered	
SIGNATURE	Signature, typeg or profed name durgrestered	ad at and trie if applicable (NOTE	Registered Agent signature	required when reinslating) DATÉ		
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12	
TITLE	D	DELETE	1.1 TITLE		Change Addition	
NAME	CLERC, JEAN YVES		1.2 NAME	CLERC, Jean . Yves	· •	
STREET ADDRESS	127550 SO PATRICK DRIV	Æ_#D	1.3 STREET ADDRESS	416 (A) Pinada Co	w.Y	
CITY-ST-ZIP	<b>SATTELITE BEACH FL-320</b>	37	1.4 CITY-ST-ZIP	Malbourse FLA.	32045	
TITLE	D	☐ DELETE	2.1 TITLE	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	Change Addition	
NAME	PEEPLES, JAMES -		2.2 NAME			
STREET ADDRESS	- 505 N. ORLANDO AVE.		2.3 STREET ADDRESS	the state of the s		
CITY-ST-ZIP	COCOA BCH, FL 32932		2. 4 CITY - ST - ZIP			
TITLE		, DELETE	3.1 TITLE		Change Addition	
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3 4. CITY - ST - ZIP			
TITLE		☐ DELETE	4.1 TOTLE		Change Addition	
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP TITLE		DELETE	4.4 CITY-ST-ZIP		Change Addition	
		□ veene	5.1 TITLE		☐ Change ☐ Addition	
NAME Street address			5.2 NAME			
l			5.3 STREET ADDRESS			
CITY-ST-ZIP TITLE		DELETE	5.4 CITY - ST - ZIP 6.1 TITLE		Change Addition	
NAME			6.2 NAME		C stange C repution	
STREET ADDRESS			6.3 STREET ADDRESS			
CATA CT 710			0.5 07112 07 710			

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 of true 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.