

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

FILED  
Feb 27 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P94000026187 (2)

1. Corporation Name

HINTON ELECTRICAL MARINE, INC.

Principal Place of Business

Mailing Address

DELUXE HARBORSIDE OFFICE BLDG., SUITE 202  
202 S. 22ND. ST.  
TAMPA FL 33605

PO BOX 76216  
TAMPA FL 33675-1216

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/04/1994

4. FEI Number

65-0478009

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.  
22 22145 MIAMI AVE  
23 City & State  
MIAMI FL  
24 Zip  
33170  
25 Country  
WADE

26 Suite, Apt. #, etc.  
27 PO BOX 700040  
28 City & State  
MIAMI FL  
29 Zip  
33170  
30 Country  
WADE

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AMAN, WILLIAM H  
2426 LINSEY ST.  
TAMPA FL 33605

81 Name

WILLIAM H. AMAN

82 Street Address (P.O. Box Number is Not Acceptable)

22145 MIAMI AVE

83

84

City MIAMI

FL

85

Zip Code 33170

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

*William H. Aman*

02-23-97

Signature, typed or printed name of registered agent and filer if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
P	AMAN, WILLIAM H	2426 LINSEY ST.	TAMPA FL 33605	<input checked="" type="checkbox"/>
VPST	AMAN, BRIGHT, SUSAN	2426 LINSEY ST.	TAMPA FL 33605	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	1.5 Change	1.6 Addition
	AMAN, WILLIAM	22145 MIAMI AVE	MIAMI FL 33170	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	AMAN, BRIGHT SUSAN	22145 MIAM AVE	MIAM FL 33170	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>

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:

*William H. Aman*

02-23-97

305-258-9003

CF2E034 (10/97)