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PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

P95000001231 (6)

J.F. HINSE, INC.

 	(1017) 1011) QD(4)	.)

Principal Place of	of Business	Mailing Address		T (#B)(#B) jiff (Erin, mint Ante deute meint mein deute	
P.O. BOX 634621 MARGATE FL 33063-0000		P.O. BOX 634621 MARGATE FL 33063			
				3. Date Incorporated or Qualified 3a. Date of 01/05/1995	Last Report
2. Principal Plac	ce of Business	2a. Mailing Address		4. FEI Number	Applied For
12681 5	OUTH COURSE DRIVE	26 P.O. Box 634	621	65 -05 44771	Not Applicable
Suite, Apt. #.		Suite, Apt. #, etc.	F	5. Certificate of Status Desired	8.75 Additional Fee Required
2 APT. 205		27 MARGATO	<u></u>	6. Election Campaign Financing	\$5.00 May Be
City & State	NO BEACH FL	City & State 7 28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for intangible tax u	inder's 199.032,
133069.		29 33063	30 LL S. A-		
	9. Name and Address of Curren			10. Name and Address of New Registered Ag	ent
			81 Name		
HINSE,			82 Street Add	dress (P.O. Box Number is Not Acceptable)	
	E 5TH ST.		92		
PAMPA	INO BEACH FL		83		
<i>•</i>			84 City	FL	85 Zip Code
			1_1	oration submits this statement for the purpose of charge	ing its registered office
or registers	o the provisions of Sections 607.0502 ad agent, or both, in the State of Floric a. and accept the obligations of, Sect	ion 607.0505, Florida Statutes.	, .		
or registere familiar with	n, and accept the obligations of, Sect Signature, typed or printed name of registered agont	t and title if applicable (NOTE	E. Registered Aginit signature requi	nod when reactalings DATE	IRLOTORS IN 12
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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 logal 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.

SIGNATURE:

03-15-96 954.9756732

CR2E034 (12/95)