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Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998

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

DOCUMENT # P95000034569(0)

1. Corporation Name

HINTE PRODUCTS, INC.

Principal Place of Business	Mailing Address
8125 MONETARY DRIVE UNIT 3 **RIVIERA BEACH, FL 33404**	**2919 E. MILITARY TRAIL** **SUITE 212** **WEST PALM BEACH, FL 33409**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 **4529 SOUTHERN BREEZE DR.**	2a. Mailing Address 26 **4529 SOUTHERN BREEZE DR.**
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 **NAPLES, FL**	City & State 28 **NAPLES, FL**
Zip / Country 24 **34113** / 25 **USA**	Zip / Country 29 **34113** / 30 **USA**

3. Date Incorporated or Qualified: **4-28-1995**

4. FEI Number: **65-0580417** ☐ 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

9. Name and Address of Current Registered Agent

HINTE, THOMAS M.
8125 MONETARY DRIVE, UNIT 3
RIVIERA BEACH, FL 33404

9/11/98

10. Name and Address of New Registered Agent

81 Name: **SAME**
82 Street Address (P.O. Box Number is Not Acceptable): **4529 SOUTHERN BREEZE DR.**
83
84 City: **NAPLES** **FL** 85 Zip Code: **34113**

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 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. orida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE

Signature, type or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE **PD** **HINTE, THOMAS M.** **4529 SOUTHERN BREEZE DR.** **NAPLES, FL 34113**	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ DELETE **STD** **LIPPITT, NORMAN L.** **185 OAKLAND AVE., SUITE 300** **BIRMINGHAM, MI 48009**	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition 400002650044 -09/28/98--01068--017 ***150.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

9.24

CR2E034 (10/97)

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.

9/1/98