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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P95000059105 (3)**

1. Corporation Name

HINTZ COMMODITIES INVESTMENT SERVICES, INC.



Principal Place of Business

Mailing Address

**1560 GULF BLVD. P3
CLEARWATER FL 34630**

**1560 GULF BLVD. P3
CLEARWATER FL 34630**

3. Date Incorporated or Qualified

07/28/1995

3a. Date of Last Report

7/

2. Principal Place of Business

2a. Mailing Address

21 **1560 Gulf Blvd**

26 **1560 Gulf Blvd**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **P-3**

27 **P-3**

City & State

City & State

23 **CLEARWATER, FL**

28 **Clearwater, FL**

Zip

Zip

24 **34630**

29 **34630**

Country

Country

25 **FLORIDA**

30 **FL**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CARRION, RAMON
28100 U.S. 19 N., STE 502
CLEARWATER FL 34621**

81 Name **THOMAS HINTZ**

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

1560 GULF BLVD.

83 **P-3**

84 City **CLEARWATER**

FL

85 Zip Code **34630**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE

NAME **HINTZ, THOMAS**
STREET ADDRESS **1560 GULF BLVD.**
CITY-ST-ZIP **CLEARWATER FL 34630**

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-26-1996, 593-2371

CR2E034 (12/95)