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

PROFIT **GORPORATION** ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P96000011605

HINGOO	ENTERPRISES, INC.										
Principal Place	of Business		Mailing Address								
5433 N STATE RD 7 Tamarac FL 33319 US		5433 N STATE RD 7 TAMARAC FL 33319 US						DO NOT WRITE IN THIS SPACE			
us		00	,					3. Date Incorporated or Qualifed 02/06/1996			
2. Principal Pl	lace of Business	2a	. Mailing Address					4. FEI Number		plied For	
1		26						65-0642562		ot Applicable	
Suite, Apt.	#, etc.		Suite, Apt. #, etc.					5. Certificate of Status Desired		Additional	
2		27						3. 03.		equired	
City & State	e		City & State					6. Election Campaign Financing		May Be	
23		28						Trust Fund Contribution		to Fees	
Zip	Country	$oxed{oxed}$	Zip		Country			8. This corporation owes the current year Intar	ngible ∐Yes	□No	
4	25	29		30				Personal Property Tax. 10. Name and Address of New Registered A			
Name and Address of Current Registered Agent						Name		10. Name and Address of New Registrica A	goin		
COB	PORATION SERVICE COMPANY				81						
1201 HAYS STREET TALLAHASSEE FL 32301-2525						Street	Addre	ess (P.O. Box Number is Not Acceptable)			
					84	City		FL.		Code	
	to the provisions of Sections 607.0502 egistered agent, or both, in the State or familiar with, and accept the obligation	and 6 f Flori ons o						oration submits this statement for the purpose of c n's board of directors. I hereby accept the appoint	hanging its ment as re	registered gistered	
SIGNATURE	Signature, typed or printed name of registered agent	and title	if applicable. (NOTE:	Regist	tered Ager	nt signature	required	when reinstating) DATE	- DIDEOT	200 (1) 40	
12.	OFFICERS AND	DIR		_	13.			ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	ORS IN 12 ☐ Addition	
TITLE	D		☐ DELETE	1	.1 TITLE			the state of	[_] Change		
NAME	HINGOO, KALICHARREN			1	.2 NAME						
STREET ADDRESS 3160 NORTHWEST 106TH AVENUE				1	1.3 STREE	T ADDRESS	•				
CITY-ST-ZIP	CORAL SPRINGS FL 33065			_	I.4 CITY-S	T-ZIP	<u> </u>		☐ Change	Addition	
TITLE			☐ DELETE	2	2.1 TITLE				Change		
NAME				2	2.2 NAME						
STREET ADDRESS				2	2.3 STREE	TADDRESS	5	•			
CITY-ST-ZIP			·	_	2.4 CITY-	ST-ZIP			Change	Addition	
TITLE	operate to the latter of the first		☐ DELETE	3	3.1 TITLE				☐ Change		
NAME:	NATA TELEFORMATION			:	3.2 NAME						
STREET ADDRESS	FOR SERVER OF THE PROPERTY OF			;	3.3 STREE	TADDRESS	3	the second of th			
CITY-ST-ZIP	- 1 19k			:	3.4. CITY-	ST-ZIP	1	2 2 2 3 3 4 4 5 5 6 7 6 7 6 7 6 7 6 7 6 7 6 7 6 7 6 7	(* * * * *)	Addition	
TITLE			☐ DELETE	4	4.1 TITLE				Change	Addition	
NAME					4. 2 NAME						
STREET ADDRESS				4	4.3 STREE	TADDRES	3				
CITY-ST-ZIP					4.4 CITY-5	ST-ZIP	<u> </u>		Char	[] Addition	
			DELETE		S 1 TM F		1		☐ Change	Addition	

CITY-ST-ZIP 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, with all other like empowered.

5.2 NAME

6.1 TITLE

6.2 NAME

☐ DELETE

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

·CITY-ST-ZIP

FILED

Jan 20, 1999 8:00am

Secretary of State

01-20-1999 90019 014 ***150.00

Change

Addition