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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Morthom

Secretary of State . . . DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P96000026728 (1)

HONGATE HOLDINGS, INC.

Principal Place of Business Mailing Address

FILED May 15 1998 8:00am Secretary of State



2875 NE 191ST STREET STE 404 NO MIAMI BEACH FL 33180		2875 NE 191ST STREET STE 404 NO MIAMI BEACH FL 33180			DO NOT WRITE IN THE CRACE
					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified
2. Principal Place of Business 2a. Mailing A					03/26/1996 4. FEI Number 65 - 066 47 66 Applied For
21		26			ADDUFT FOR Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			SS 75 Additional
22		27			5. Certificate of Status Desired Fee Required
City & State		City & State			6. Election Campaign Financing \$5.00 May Be
23		[28]			Trust Fund Contribution Added to Fees
Zip			Countr	У	8. This corporation owes or has paid the current year Intangible
24 25 9. Name and Address of Current		[29]	30 Nept		Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent
local Number				Name	IV. Hame and Address of New Hegistered Agent
REINHARD, SANFORD N					
	'5 NE 191ST STREET STE 404		82	Street Add	dress (P.O. Box Number is Not Acceptable)
טא	MIAMI BEACH FL 33180		83		
			ļ. <u>.</u>	ļ	
			84	City	FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508. Florida Statul	tos, the abov	e-named cor	rooration 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 age	nt and title 4 appricable. (NO)	E: Registered Ag	ent signature requ	uired when reinstating) DATE.
12.	OFFICERS ANI	and the second s	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	DELETE	1,1 TITLE		Change Addition
NAME	GOLDLIST, ISADORE		1.2 NAME		
STREET ADDRESS	12 GOLDFINCH COURT		1.3 STREE	1 ADDRESS	
CITY-ST-ZIP	WILLOWDALE ON M2R -2C3		1.4 CITY -	S1-ZIP	[O
TITLE	VPS	T DETEIR	2.1 TITLE		L Change L Addition
NAME	GOLDLIST, HARRY		2.2 NAME		
STREET ADDRESS	12 GOLDFINCH COURT		2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
CITY-ST-ZIP TITLE	WILLOWDALE ON M2R -2C3		2. 4 CHY-	ST-ZIP	Change Addition
NAME	C. Otten		3.2 NAME		C wells C support
STREET ADDRESS			į.	T ADDRESS	
CITY-ST-ZIP			3.4. CITY-		
TITLE	DELETE		4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREE	I ADDRESS	
CITY-ST-ZIP			4.4 City-	ST-ZIP	
TITLE		DELETE	5 1 111LE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			53 STREE	T ADDRESS	
CITY-ST-ZIP		T7 56, 544	5.4 CITY-	ST - ZIP	
TITLE		DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS				I ADDRESS	
CITY-ST-ZIP	<u></u>		6.4 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 trusted 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.