

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

PROFIT  
CORPORATION  
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 27, 2000 8:00 am**  
**Secretary of State**

03-27-2000 90046 010 \*\*\*150.00

DOCUMENT # P96 00008 0002

1. Corporation Name

HIPPO CONTRACTING, INC.

Principal Place of Business

Mailing Address

B0036791

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

9-26-96

4. FEI Number

65-0701692

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 the current year Intangible  
Personal Property Tax.

☐ Yes ☐ No

2. Principal Place of Business

22217 SW 65TH WAY

2a. Mailing Address

Suite, Apt. #, etc.

27

City & State

BOCA RATON, FL

City & State

Zip

Country

33428

29

Country

30

9. Name and Address of Current Registered Agent

CAMPAGNA, GEORGE W. CPA  
1773 NW 91ST AVE.  
PLANTATION, FL 33322

10. Name and Address of New Registered Agent

81 Name

LINDA BENCZE

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

22217 SW 65TH WAY

83

84 City

BOCA RATON

FL

85

Zip Code

33428

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

Linda Bencze

(NOTE: Registered Agent signature required when reinstating)

2-26-00

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PRES., DIRECTOR	<input checked="" type="checkbox"/> DELETE
NAME	LINDA BENCZE	
STREET ADDRESS	22217 SW 65TH WAY	
CITY-ST-ZIP	BOCA RATON, FL 33428	
TITLE	SECR., TREAS., DIRECTOR	<input checked="" type="checkbox"/> DELETE
NAME	JOHN M. BENCZE	
STREET ADDRESS	22217 SW 65TH WAY	
CITY-ST-ZIP	BOCA RATON, FL 33428	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	PRESIDENT, SECR., DIRECTOR <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	JOHN M. BENCZE
2.3 STREET ADDRESS	22217 SW 65TH WAY
2.4 CITY-ST-ZIP	BOCA RATON, FL 33428
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 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.

SIGNATURE:

John M. Bencze

PRES.

2-26-00

Date

561-451-8528

Daytime Phone #