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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P96000082016 (2)

HINDSIGHT, INC.

Principal Place of Business

Mailing Address

## FILED Jan 28 1998 8:00am Secretary of State



4975 CHARDONNAY DRIVE -4875 CHARDONNAY DRIVE CORAL OPRINGS FL 33087 CORAL SPRINGS PL 89007 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/30/1996 Applied For 26 65-0604126 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required \$5.00 May Be Election Campaign Financing 28 Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible BRUNARD eo waen 29 Personal Property Tax due June 30 ☐ Yes ☐ No g, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 JOHNSON, JULIA M **4875 CHARDONNAY DRIVE** 82 Street Address (P.O. Box Number is Not Acceptable) CORAL SPRINGS FL 33067 83 85 Zip Code City 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 title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. TITLE DELETE 11 TITLE Change Addition JOHNSON, JULIA M NAME 1.2 NAME **4875 CHARDONNAY DR** STREET ADDRESS 1.3 STREET ADORESS **CORAL SPRINGS FL** CITY-ST-ZIF 1.4 CITY - ST - ZIP DELETE Change Additio TITLE 2.1 TITLE GROSS, JOY NAME 2.2 NAME 4875 CHARDONNAY DR STREET ADDRESS 2.3 STREET ADDRESS CORAL SPRINGS FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Add TITLE 3.1 TITLE JOHNSON, ROBIN D 3.2 NAME NAME 6426 NW 53 ST STREET ADDRESS 3.3 STREET ADDRESS CORAL SPRINGS FL CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Additio TITLE 4.1 THILE Change NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY-ST-ZIP DELETE Change Additic TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change TITLE Addition 61 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - S1 - ZIP

14. Thereby 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 13 if chapged, or on an altegrament with an address.

O(0.0)

JULIAM, THUSEN, 620.98

954 246-9100