


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

0601103

**FILED**  
**May 04, 1999 8:00 am**  
**Secretary of State**

05-04-1999 90108 043 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P97000056878**

1. Corporation Name  
**GEORGE HOGGE, INC.**



Principal Place of Business 8201 NW 46 COURT FT. LAUDERDALE FL 33351	Mailing Address 8201 NW 46 COURT FT. LAUDERDALE FL 33351
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	6096 BUCKEYE CT	26	6096 BUCKEYE CT	06/27/1997	
Suite, Apt. #, etc. "A"		Suite, Apt. #, etc. "A"		4. FEI Number	
22		27		65-0766127	
City & State TAMARAC FL		City & State TAMARAC FL		Applied For	
23		28		Not Applicable	
Zip 33319 Country USA		Zip 33319 Country USA		5. Certificate of Status Desired <input type="checkbox"/>	
24		29		\$8.75 Additional Fee Required	
25		30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
26		31		\$5.00 May Be Added to Fees	
27		32		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**HOGGE, GEORGE**  
 8201 NW 46 COURT  
 FT. LAUDERDALE FL 33351

10. Name and Address of New Registered Agent

81 Name	HOGGE, GEORGE
82 Street Address (P.O. Box Number is Not Acceptable)	6096 BUCKEYE CT "A"
83	
84 City	TAMARAC FL
85 Zip Code	33319

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: *George Hogge* **GEORGE HOGGE** DATE: **4/29/99**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	HOGGE, GEORGE	
STREET ADDRESS	8201 NW 46 COURT	
CITY-ST-ZIP	FT. LAUDERDALE FL 33351	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
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		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	HOGGE, GEORGE	
1.3 STREET ADDRESS	6096 BUCKEYE CT "A"	
1.4 CITY-ST-ZIP	TAMARAC, FL 33319	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
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: *George Hogge* **GEORGE HOGGE** DATE: **4/29/99** DAYTIME PHONE #: **(954)266-1415**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)