

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

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Martham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000081928 (8)

1. Corporation Name

HOGO, INC.

Principal Place of Business

1003 MYRTLE RD
VALRICO FL 33594

Mailing Address

1003 MYRTLE RD
VALRICO FL 33594

FILED
Apr 16 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/22/1997

Applied For
 Not Applicable

4. FEI Number

59-3099 725

\$8.75 Additional
Fee Required

5. Certificate of Status Desired

\$5.00 May Be
Added to Fees

6. Election Campaign Financing
Trust Fund Contribution

7. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. Yes No

10. Name and Address of New Registered Agent

GRIM, ANDREW
1003 MYRTLE RD
VALRICO FL 33594

61 Name

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

63

64 City

FL 85 Zip Code

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)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

CR2E034 (10/97)

TITLE: PTD
NAME: GRIM, ANDREW
STREET ADDRESS: 1003 MYRTLE RD
CITY-ST-ZIP: VALRICO FL 33594

DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

Change Addition

TITLE: S
NAME: GRIM, PATRICIA
STREET ADDRESS: 1003 MYRTLE RD
CITY-ST-ZIP: VALRICO FL 33594

DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Change Addition

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Change Addition

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change Addition

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

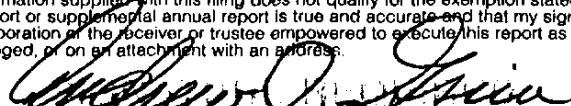
TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

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.

SIGNATURE: 

1-29-98 8136891814