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PROFIT CORPORATION ANNU.AL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000049957 1. Corporation Name HINGINS 2010 CORPORATION

Mar 30, 1999 8:00 am Secretary of State 03-30-1999 90003 049 ***150.00

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Principal Place	e of Business	Ma	iling Address					OTIL MAIN MEIN	GININ ENSEM IN	189 Will 1881 4881
701 U.S. HIGH	WAY ONE. SUITE 402	701	U.S. HIGHWAY ONE.	SUITE 402						
	BEACH FL 33408		RTH PALM BEACH FL							
							DO NOT WR		SPACE	
							3. Date incorporated or Chalifed 06/02/1998	<u> </u>		
2. Principal Pi	Place of Business	Za.	Mailing Address				4. FEI Number			Applied For
21	·	26					65-0842879			Not Applicable
Suite, Apt.	. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired	. 🗆		Additional
22		27 =							Fee:	Required
City & Stat	ter · · · - · · · · · · · · · · · · · · ·		City & State	`	•		6. Election Campaign Financing	Image: section of the content of the		O May Be
23		28					Trust Fund Contribution			d to Fees
Z⊅	Country	<u> </u>	Zip	Coun	itry		8. This corporation owes the curr	rent year in	<u> </u>	G.
24	. \25\	{29}		30			Personal Property Tax.		☐Yes	□No
	9. Name and Address of	of Current Regist	ered Agent		04		10. Name and Address of New	Registered	Agent	
CHI	TH. LAWRENCE W ESQU			l'	81	Name				
	,			ŀ	82 :	Street Add	dress (P.O. Box Number is Not Accept	able)	·	
	U.S. HIGHWAY ONE, SU			Ĺ.						
NUH	7TH PALM BEACH FL 334	408		[1	83					•
				};	84	City			85 Zi	Code
								<u>FL</u>		
11. Pursuant	to the provisions of Sections registered agent, or both, in th	: 607,0502 and 60 the State of Florida	7.1508, Florida Statu - Such channa was i	ites, the ab	OV6-11	noo bernsn	rporation submits this statement for the tion's board of directors. I hereby acce	purpose of of the appoi	changing l Intment as	ts registered registered
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office of r agent. I a	am familiar with, and accept the	he obligations of, :	Section 607.0505, Fig	orida Statut	tes.	e corporar				
office or n agent. I a	•	he obligations of,	Section 607.0505, Flo	orida Statut	tes.	o corpora		•		
SIGNATURE	Signature, typed or printed name of reg	gistered egent and title if	applicable. (NOT	E: Registered A			red when reinstating)	DATE		
SIGNATURE	Signature, typed or printed name of reg OFFIC		spolicable. (NOTI	E: Registered A	gent si		·	DATE	ID DIRECT	ORS IN 12
SIGNATURE 12. TITLE	Signature, typed or printed name of reg	gistered agent and title if	ETORS	E: Registered A 13.	gent si		red when reinstating)	DATE		ORS IN 12
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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 cath; that I am er 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 appetischment with an address, with all other like ampowered.