

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

**FILED**  
**Jun 10, 1999 8:00 am**  
**Secretary of State**

06-10-1999 90015 010 \*\*\*150.00

DOCUMENT # **998000059789**

1. Corporation Name

**NINIGRET ASSOCIATES, INC**

Principal Place of Business

Mailing Address

**2639 N. RIVERSIDE DR.  
POMPANO BEACH, FL 33062**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**7-7-98**

2. Principal Place of Business

2a. Mailing Address

**21 2639 N. RIVERSIDE DR.**

**26 2639 N. RIVERSIDE DR.**

4. FEI Number

**05-0854738**

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

City & State

City & State

**23 POMPANO BCH, FL**

**28 POMPANO BCH**

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

Zip

Country

Zip

Country

**24 33062**

**25 BROWARD**

**29 33062**

**30 BROWARD**

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ROBERT G. HOPKINS  
210 COMMERCIAL BLVD  
LAUDERDALE - BY THE SEA  
FLOR. DA - 33308**

81 Name

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

83

84 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]*

(NOTE: Registered Agent signature required when reinstating)

DATE

**5/24/99**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>PRESIDENT</b>	<input type="checkbox"/> DELETE
NAME	<b>ADELE M. HOPKINS</b>	
STREET ADDRESS	<b>2639 N. RIVERSIDE DR.</b>	
CITY-ST-ZIP	<b>POMPANO BEACH, FL 33062</b>	
TITLE	<b>SECRETARY</b>	<input type="checkbox"/> DELETE
NAME	<b>ADELE M. HOPKINS</b>	
STREET ADDRESS	<b>2639 N. RIVERSIDE DR.</b>	
CITY-ST-ZIP	<b>POMPANO BCH, FL 33062</b>	
TITLE	<b>TREASURER</b>	<input type="checkbox"/> DELETE
NAME	<b>ADELE M. HOPKINS</b>	
STREET ADDRESS	<b>2639 N. RIVERSIDE DR.</b>	
CITY-ST-ZIP	<b>POMPANO BCH, FL 33062</b>	
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		

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	<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:

**ADELE M. HOPKINS**  
*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**5/24/99**

**904-785-4429**

CR2E034 (11/98)