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Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90146 021 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **S22375**

1. Corporation Name
A HINZE FENCE CORPORATION

Principal Place of Business: 721 NE 12 ST FT LAUDERDALE FL 33304
 Mailing Address: 721 NE 12 ST FT LAUDERDALE FL 33304



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/03/1991**

4. FEI Number: **65-0235033** Applied For: Not Applicable

5. Certificate of Status Desired: **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: **\$5.00** May Be Added to Fees

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

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State: 23 Zip: 24 Country: 25

2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent
CHAMBERS, MARY L.
160 NE 20 CT
WILTON MANORS FL 33305

10. Name and Address of New Registered Agent
 81 Name: **Martin J. Hinze**
 82 Street Address (P.O. Box Number is Not Acceptable): **2825 NE 14 Avenue**
 83
 84 City: **Wilton Manors** FL 85 Zip Code: **33334**

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: *Martin J. Hinze* **Martin J. Hinze, President** DATE: **4/15/99**

12. OFFICERS AND DIRECTORS

TITLE	P <input checked="" type="checkbox"/> DELETE
NAME	CHAMBERS, MARY L.
STREET ADDRESS	160 NE 20 CT
CITY-ST-ZIP	WILTON MANORS FL
TITLE	VP <input checked="" type="checkbox"/> DELETE
NAME	HINZE, MARY D.
STREET ADDRESS	1951 N.E. 2 AVE
CITY-ST-ZIP	FT LAUDERDALE FL
TITLE	SD <input type="checkbox"/> DELETE
NAME	HINZE, MARTIN J.
STREET ADDRESS	2000 SO. OCEAN BLVD
CITY-ST-ZIP	POMPANO BCH FL
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	Secretary & Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Portia N. Hinze
1.3 STREET ADDRESS	2800 SW 136 Ave. East
1.4 CITY-ST-ZIP	Davie, FL 33330
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	President & Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Martin J. Hinze
3.3 STREET ADDRESS	2825 NE 14th Avenue
3.4 CITY-ST-ZIP	Wilton Manors, FL 33334-4307
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: *Martin J. Hinze* **Martin J. Hinze, President** DATE: **4/15/99** (954) 763-7658

CR2E034 (11/98)