

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Matheson  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **663111** (3)

1. Corporation Name  
**TED HOFFMAN, JR. ARCHITECT P.A.**



Principal Place of Business  
**266 GIRALDA AVE.  
CORAL GABLES FL 33134**

Mailing Address  
**266 GIRALDA AVE.  
CORAL GABLES FL 33134**

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

**HOFFMAN JR., THEODORE D.  
266 GIRALDA AVENUE  
CORAL GABLES FL 33134**

3. Date Incorporated or Qualified **12/17/1979** 3a. Date of Last Report **03/21/1995**  
4. FEI Number **59-1959940** 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 has liability for intangible tax under s. 190.032, Florida Statutes.  Yes  No

10. Name and Address of New Registered Agent

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 607.04(1) and 607.15(1)(b), 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 607.04(1), Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	<b>P</b> <input type="checkbox"/> DELETE	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	<b>HOFFMAN, THEODORE D</b>	2. NAME	
3. STREET ADDRESS	<b>1053 SW 22ND STREET</b>	3. STREET ADDRESS	
4. CITY, STATE	<b>MIAMI FL</b>	4. CITY, STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. TITLE	<input type="checkbox"/> DELETE	5. TITLE	
6. NAME		6. NAME	
7. STREET ADDRESS		7. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
8. CITY, STATE		8. CITY, STATE	
9. TITLE	<input type="checkbox"/> DELETE	9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		10. NAME	
11. STREET ADDRESS		11. STREET ADDRESS	
12. CITY, STATE		12. CITY, STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. TITLE	<input type="checkbox"/> DELETE	13. TITLE	
14. NAME		14. NAME	
15. STREET ADDRESS		15. STREET ADDRESS	
16. CITY, STATE		16. CITY, STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
17. TITLE	<input type="checkbox"/> DELETE	17. TITLE	
18. NAME		18. NAME	
19. STREET ADDRESS		19. STREET ADDRESS	
20. CITY, STATE		20. CITY, STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and is true and correct. I am not qualified for the exemption stated in Section 119.07(3)(a), Florida Statutes. I further certify that I am an officer or director of the corporation or the trustee or trust agent or trustee in power and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **THEODORE D. HOFFMAN JR.** **TED HOFFMAN** 2/20/96 305-442-4608  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/96)