

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

**FILED**  
**Jun 10 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT **1998**



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

**DOCUMENT # K40953 (7)**

1. Corporation Name  
**NICHOLAS H. HAGOORT, JR., P.A.**



Principal Place of Business: **1901 SOUTH CONGRESS AVE. WOOLBRIGHT CORPORATE CENTER, STE. 360 BOYNTON BEACH FL 33426**

Mailing Address: **1901 SOUTH CONGRESS AVE. WOOLBRIGHT CORPORATE CENTER, STE. 360 BOYNTON BEACH FL 33426**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	22	23	24	25	26
Suite, Apt. #, etc.		Suite, Apt. #, etc.		10/25/1988	
City & State		City & State		4. FEI Number	
27	28	29	30	65-0079265	
Zip	Country	Zip	Country	Applied For	
5. Certificate of Status Desired		5. Election Campaign Financing Trust Fund Contribution		Not Applicable	
<input type="checkbox"/>		<input type="checkbox"/>		\$8.75 Additional Fee Required	
6. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HAGOORT, NICHOLAS H., JR. 1901 S. CONGRESS AVE., SUITE 360 BOYNTON BEACH FL 33426				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: *Nicholas H. Hagort, Jr.* (NOT Registered Agent signature required when reinstating)

DATE: *1/9/98*

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DPS	<input type="checkbox"/> DELETE	1.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAGOORT, NICHOLAS H., JR.		1.2 NAME				
STREET ADDRESS	1901 SO. CONGRESS AVE.		1.3 STREET ADDRESS				
CITY-ST-ZIP	BOYNTON BEACH FL		1.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	2.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAGOORT, NICHOLAS H., JR.		2.2 NAME				
STREET ADDRESS	1901 SO. CONGRESS AVE.		2.3 STREET ADDRESS				
CITY-ST-ZIP	BOYNTON BEACH FL		2.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZIP			3.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			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 in changed, or on an attachment with an address.

SIGNATURE: *Nicholas H. Hagort, Jr.* # 6/3/98

CR2E034 (10/97)