**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90180 031 \*\*\*150.00

## DOCUMENT # P94000087443

1. Corporation Name

LAW OFFICES OF HOFFMAN & HOFFMAN, P.A.

Principal Place	of Business	Mailing Add	ress			I idmilder ian ieter miert derit n	8111 A9111 A6121	i det i maini meni i	11000 1111 1001
999 BRICKELL	AVE ,	999 BRICKEL	T AVE			44			
650 Miami FL 33131	•	650 Miami Fl 331	131			DO NOT WR	ITE IN THIS	SPACE	
US	•	US				3. Date Incorporated or Qualifed	i		
				,		12/02/1994			
2. Principal Pt	lace of Business	2a. Mailing A	Address			4. FEI Number		Apı	lied For
21		26				65-0535131		No	Applicable
Suite, Apt.	#, etc.	Suite, Ap	pt. #, etc.	~~~~~				\$8.75 A	dditional
22	•	27				5. Certifcate of Status Desired		Fee Re	quired
City & State	8	City & S	tate			6. Election Campaign Financing		\$5.00	May Be
23		28				Trust Fund Contribution	<u></u>	Added to	Fees
Zip	· Country	Zip		Country	,	8. This corporation owes the cur	rrent year Int		_
24	25	29	3	30		Personal Property Tax.			□No
	9. Name and Address of Curren	t Registered Age	ent			10. Name and Address of New	Registered	Agent	
				81	Name				
	FMAN, JOHN D			82	Street Ad	Idress (P.O, Box Number is Not Accep	table)		
	BRICKELL AVE "SUITE-800"			-	S	urte (050			
MAIM	AI FL 33131			83					
	•			0.4	0.11			85 Zip C	- ode
				84	City		FL	.  63  2100	Joue
								<del></del>	
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, I	Florida Statutes	s, the above	e-named co	orporation submits this statement for the	e purpose of ept the appoi	changing its ntment as rea	registered istered
office or n	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such c	change was aut	thorized by	the corpora	orporation submits this statement for the ation's board of directors. I hereby acceptation	e purpose of ept the appoi	changing its ntment as rec	registered pistered
office or re agent. I a	egistered agent, or both, in the State o	of Florida. Such c	change was aut	thorized by	the corpora	orporation submits this statement for the ation's board of directors. I hereby acce	ept the appoi	changing its ntment as rec	registered pistered
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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 officer or director of the corpora Block 12 or Block 13 if change

6.4 C/TY-ST-ZIP

SIGNATURE: