

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000030699 (9)**

1. Corporation Name

HOBE DEVELOPMENT CO.



Principal Place of Business

**100 S BISKAYNE BLVD
SUITE 1100
MIAMI FL 33131**

Mailing Address

**100 S BISKAYNE BLVD
SUITE 1100
MIAMI FL 33131**

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

**HOLLO, WAYNE
100 S BISKAYNE BLVD
SUITE 1100
MIAMI FL 33131**

3. Date Incorporated or Qualified

04/19/1995

3a. Date of Last Report

4. FEIN Number

65-0614564

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. 199.032,
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 607.0902 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. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0902, Florida Statute.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE DELETE
NAME **PSTD
HOLLO, TIBOR**
STREET ADDRESS **100 S BISKAYNE BLVD SUITE 1100**
CITY-ST-ZIP **MIAMI FL 33131**

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '2

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not comply with the exemption stated in Section 119.073(9), Florida Statutes. I further certify that the information contained on this annual report or supplemental annual report is true, and I declare and affirm that my signature shall have the same legal effect as if made under oath, that I am an officer or director of this corporation or trustee or partner or partner in a partnership, and I am authorized 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 additional page with an officer.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER, OFFICER OR DIRECTOR

J. H. Hollo, Agent

4/26/96

CR2E034 (12/95)