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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P98000008730**1. Corporation Name

RICHARD W. HOFFMAN, P.A.

Principal Place of Business Mailing Address					THE THE THE PERSON OF THE PERS	1881
2950 SW 27 AVE 2950 SW 27 AVE						
STE 300 STE 300 MIAMI FL 33133					DO NOT WRITE IN THIS SPACE	
MIAMI FL 33133 MIAMI FL 33133					3. Date Incorporated or Qualifed	
	•				01/28/1998	
2. Principal Place of Business 2a. Mailing Address					4. FEI Number Applied Fo	or no
21 26					65-0809873 Not Applica	able
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired  \$8.75 Additional	al
22 27					Certificate of Status Desired	
City & State City & State					6. Election Campaign Financing \$5.00 May Be	,
23 28					Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Country		8. This corporation owes the current year Intangible	
24	25		30		Personal Property Tax.	
ļ	9. Name and Address of Curren	t Registered Agent	81	Name	10. Name and Address of New Registered Agent	-
HOE	FMAN, RICHARD W	1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1		Hairie		
2950 SW 27 AVE			82	Street Add	dress (P.O. Box Number is Not Acceptable)	
STE 300			83		3 1 2 3 4 4 5 5	200
	WI FL 33133					
· · · · · · · · · · · · · · · · · · ·				City	FL 85 Zip Code	,
11 Pursuant	to the provisions of Sections 607 050	2 and 607 1508 Florida Statutes	s, the above	-named cor	progration submits this statement for the nurpose of changing its register	red
l office or r	registered agent, or both, in the State im familiar with, and accept the obliga	of Florida. Such change was aut	thorized by	the corporat	ation's board of directors. I hereby accept the appointment as registered	J
	im laniliai with, and accept the obliga	tions of, Section 607.0303, Florid	ua Statules	•		
SIGNATURE	Signature, typed or printed name of registered agei	nt and title if applicable. (NOTE: F	Registered Agen	t signature requir	ired when reinstating) DATE	-
12.	OFFICERS AND DIRECTORS 13.		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1	
TITLE	-		1.1 TITLE		☐ Change ☐ Ad	ddition
NAME	HOFFMAN, RICHARD W		1.2 NAME			1
STREET ADDRESS	11621 SW 57 COURT		1.3 STREET	ADDRESS		
CITY-ST-ZIP			1.4 CITY-ST	r-ZIP		1.00
TITLE	D	DELETE 2.1 TI			. Change Ad	Idition
NAME	HOH MAN, ILLOAN		2.2 NAME			
STREET ADDRESS			2.3 STREET	ADDRESS		
CITY-ST-ZIP			2. 4 CITY-S	T-ZIP	☐ Change ☐ Ad	ddition
TITLE		DELETE	3.1 TITLE			JUMBON
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET			
CITY-ST-ZIP	<u></u>	☐ DELETE	3.4. CITY-S	T- ZIP	☐ Change ☐ Ad	ddition
TITLE		□ DECE IE	4.1 TITLE		· · · · · · · · · · · · · · · · · · ·	
NAME .			4. 2 NAME	4000000		[
STREET ADDRESS			4.3 STREET			ļ
CITY-ST-ZIP		DELETE	4.4 CITY-ST 5.1 TITLE	-ZIP	☐ Change ☐ Ad	ddition
TITLE		□ DECE16	5.1 ITILE 5.2 NAME		: Onlinge	
NAME			5.3 STREET	ADDRESS	·	1
STREET ADDRESS	S.		5.4 CITY-ST	ł		
CITY-ST-ZIP TITLE			6.1 TITLE		Change Ad	dition
	i e e e e e e e e e e e e e e e e e e e	<b>—</b>		I I	_ <b>,</b>	- 1

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 of 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**SIGNATURE** 

NAME

STREET ADDRESS

CITY-ST-ZIP

**FILED** 

Jan 23, 1999 8:00am

**Secretary of State** 

01-23-1999 90056 033 \*\*\*150.00