

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N93000005396 (7)

1. Corporation Name

HOTCO OF FLORIDA, INC.



Principal Place of Business

Mailing Address

300 LAYNE BLVD  
#306  
HALLANDALE FL 33009  
US

PO BOX 3312  
HALLANDALE FL 33008  
US

3. Date Incorporated or Qualified

12/01/1993

3a. Date of Last Report

04/24/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

65-0462134

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SILBERHORN, CHRISTOPHER  
300 LAYNE BLVD  
#306  
HALLANDALE FL 33009

81 Name

Leo Kemp

82 Street Address (P.O. Box Number is Not Acceptable)

300 - 3 Isles Blvd #814

83

Hallandale FL

84

City

FL

85

Zip Code

33009

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

X Leo Kemp

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	DELETED
NAME	COOPER, JOY	DELETED
STREET ADDRESS	301 HOLIDAY DR	DELETED
CITY - ST - ZIP	HALLANDALE FL 33009	DELETED
TITLE	D	DELETED
NAME	SILBERHORN, CHRISTOPHER	DELETED
STREET ADDRESS	300 LAYNE BLVD #306	DELETED
CITY - ST - ZIP	HALLANDALE FL	DELETED
TITLE	D	DELETED
NAME	CUTLER, NAT	DELETED
STREET ADDRESS	800 PARKVIEW DR	DELETED
CITY - ST - ZIP	HALLANDALE FL 33009	DELETED
TITLE	D	DELETED
NAME	PENTECOST, JACQUELINE	DELETED
STREET ADDRESS	2001 ATLANTIC SHORES BLVD #501	DELETED
CITY - ST - ZIP	HALLANDALE FL	DELETED
TITLE	D	DELETED
NAME	STEINBERG, LENARD	DELETED
STREET ADDRESS	600 PARKVIEW DR	DELETED
CITY - ST - ZIP	HALLANDALE FL 33009	DELETED
TITLE	P	DELETED
NAME	SIEGEL, BARBARA	DELETED
STREET ADDRESS	600 THREE ISLAND BLVD #917	DELETED
CITY - ST - ZIP	HALLANDALE FL	DELETED

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X Leo Kemp

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)