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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

293028

(7)

FILED
Apr 25 1996 8:00 am
Secretary of State

HOSACK ENTERPRISES, INC.	
	1 1881/8 31818 HAIRE 1111 BENNE 1111 BENNE 1181 8181 BINN BINN BINN BINN BINN BINN BINN BIN

Principal Place of Business Mailing Address				- 1 LOUIS AINI TOIGG INIL DEITO HOUL TOIK AIRI GUDA OIDH GIUN TAGU TAGU CHAIL IOG	
11175 US 1 1040 FAIRVIEW LANE NORTH PALM BEACH FL 33408 RIVIERA BEACH FL 33404		404			
US				3. Date Incorporated or Qualified 05/18/1965	3a. Date of Last Report 04/24/1995
2. Principal Pla 21	ace of Business	2a. Mailing Address 26 2761 U/ A	LAGE Blid	4. FEI Number 59-1098665	Applied For Not Applicable
Suite, Apt. #		Suite, Apt of etc. 27 W. P. Be	k	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		28 City & State	•	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	29 33 409	30 PBch	8. This corporation has liability for Florida Statutes Yes 10. Name and Address of New I	i □ No
	9. Name and Address of Curre	nt negistered Agent	81 Name	10. Name and Address of New I	negistered Agent
NVGTOR	/ EDED				
HOSACH			82 Street Addr	ess (P.O. Box Number is Not Acceptat	ole)
P.O. BO	A 31653 EACH GARDENS FL 33420		83		
PALM D	EAUN GANDENS PL 33420				
			84 City		FI 85 Zip Code
11. Pursuant t	o the provisions of Sections 607.050	2 and 607,1508, Florida Statute	es, the above named corpor	ration submits this statement for the pu	roose of changing its registered office
or registeri	ed agent, or both, in the State of Flor th, and accept the obligations of, Sec	ida. Such change was authoriz	ed by the corporation's boar	rd of directors. I hereby accept the app	iontment as régistered agent. Lam
signature	FRED 6. He	194 CK	red Hesa	of Va	1-22-96
	Signature, typed or printed name of registered ages	tandos faperate NO	Fingistered Agent signature (squire)	d when renationing	DAIL
12.	OFFICERS AN	ID DIRECTORS	13.	ADDITIONS/CHANGES TO OF	ICERS AND DIRECTORS IN 12 Change Addition
TITLE	HOSACK, FRED	DETE LE	1 1 1 1 1 LF		Change Addition
NAME	2701 VILLAGE BLVD		1.2 NAME		
STREET ADDRESS	WEST PALM BEACH FL		1.3 STREET ADDRESS		
C)TY - ST - ZIP	ST ST	☐ DELETE	14 CITY - ST. ZIP 2. 1 Till (····	Change Addition
TITLE	HOSACK, FRD				
NAME express appropries	P.O. BOX 31653		2.2 NAME		
STREET ADDRESS	PALM BEACH GARDENS FL		2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	VP	☐ DELETE	2 4 CITY - ST - ZIF 3 1 TITLE		Change Addition
NAME	HOSACK, BRYAN B	Beer it	3 2 NAME		
STREET ADDRESS	14390 PEPPERBUSH		3.3 STREET ADDRESS		
	PALM BCH GARDENS FL		3.4 CITY - ST. ZIF		
CITY-ST-ZIP TITLE	Trum Bott WWDE TO IL	☐ DELETE	4 1 TifLE		Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZiP			4.4 CiTY+ST+7iP		
THE		DELETE.	5 1 TIFLE		Change Addition
NAME			5.2 NAME		
STREET ADORESS			5.3 STREET ADDRESS		
			5.4 CITY - ST - ZIP		
CHTY+ST+ZHP TITLE		Delete	6 1 HILE		Change Addition
			6.2 NAME		<u> </u>
NAME execut aborese	1		6.3 STREET ADDRESS		
STREET ADDRESS			6.3 STREET ADDRESS:		
CITY OF TIP			■ KACHY-SI-7P		

14. Ido 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 trusted en powered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address.

SIGNATURE FRI O HOSACK PRIL

Ing Oxfort

1-22-96-6262424