

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **505264** (2)

1. Corporation Name  
**C. D. HOGAN TREE COMPANY**



Principal Place of Business  
**706 NORTHWEST 24TH ST.  
FT. LAUDERDALE FL 33311**

Mailing Address  
**706 NORTHWEST 24TH ST.  
FT. LAUDERDALE FL 33311**

2. Principal Place of Business

21 State, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country

2a. Mailing Address

26 State, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country

3. Date Incorporated or Qualified **06/15/1976**  
3a. Date of Last Report **09/29/1995**  
4. FEI Number **59-1670677**  
5. Certificate of Status Desired   
6. Election Campaign Financing Trust Fund Contribution   
8. This corporation has liability for intangible tax under s. 190.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

**HOGAN, C. D.  
706 NORTHWEST 24TH ST.  
FT. LAUDERDALE FL**

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HOGAN, C. D.	
STREET ADDRESS	706 N.W. 24TH ST.	
CITY-STATE-ZIP	FT. LAUDERDALE FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SUMMERSON, TERRY L.	
STREET ADDRESS	1611 NW 2ND AVE	
CITY-STATE-ZIP	FT. LAUDERDALE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-STATE-ZIP	
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	<b>2824 N.E. 3 Terr</b>
24 CITY-STATE-ZIP	<b>Wilton Manors, FL 33334</b>
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-STATE-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-STATE-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-STATE-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not conflict with the exemption stated in Section 119.07(3)(4) 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 Block 12 or Block 13 if changed, or to initially name it with an address.

SIGNATURE: *A. D. Hogan President* 4/24/96 954-565-4084  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)