

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 # 679743 (5)
1. Corporation Name
3801, INC.



Principal Place of Business: **3801 16TH STREET NORTH ST. PETERSBURG FL 33703**
Mailing Address: **3801 16TH STREET NORTH ST. PETERSBURG FL 33703**

3. Date Incorporated or Qualified: **07/24/1980**
3a. Date of Last Report: **03/28/1995**
4. FEI Number: **59-2080562**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business
21 Suite, Apt. #, etc
22 City & State
23 Zip
24 Country
25 Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country
30

9. Name and Address of Current Registered Agent
**HOFFMAN, PHILLIP
3801-16TH ST., N.
ST. PETERSBURG FL 33702**

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

11. Pursuant to the provisions of Sections 607.0502 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ (Signature of registered agent and date of filing)
NOTE: Registered Agent signature required when registering. DATE: _____

12. OFFICERS AND DIRECTORS
P
NAME: **HOFFMAN, PHILLIP**
STREET ADDRESS: **5950 PELICAN PLZ., S.#904**
CITY-ST-ZIP: **GULFPORT FL**
ST
NAME: **HOFFMAN, DONNA**
STREET ADDRESS: **5950 PELICAN PLZ., S.#904**
CITY-ST-ZIP: **GULFPORT FL**
V
NAME: **HOFFMAN, BRIAN**
STREET ADDRESS: **2549 FOREST PKWY N**
CITY-ST-ZIP: **LARGO FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP
21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP
31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP
41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP
51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP
61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Phillip E. Hoffman* **PHILLIP E. HOFFMAN** PRESIDENT 4.24.96 813-522-5222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: _____ Daytime Phone #: _____

CR2E034 (12/95)