


**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)**

NONPROFIT CORPORATION ANNUAL REPORT <b>1996</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 750327 (9)**  
 1. Corporation Name  
**HOFFMAN FOUNDATION, INC.**



Principal Place of Business <b>2020 CLUBHOUSE DR P O BOX 5560 SUN CITY FL 33571 US</b>	Mailing Address <b>2020 CLUBHOUSE DR P O BOX 5560 SUN CITY CENTER FL 33571 US</b>
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2. Principal Place of Business	2a. Mailing Address
21 [ ] Suite, Apt. #, etc.	26 [ ] Suite, Apt. #, etc.
22 [ ] City & State	27 [ ] City & State
23 [ ] Zip	28 [ ] Country
24 [ ]	29 [ ]

3. Date Incorporated or Qualified <b>12/20/1979</b>	3a. Date of Last Report <b>08/02/1995</b>
4. FEI Number <b>59-2003369</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**HOFFMAN, ALFRED JR.  
 2020 CLUB HOUSE DR  
 SUN CITY CENTER FL 33571**

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 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 \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	HOFFMAN, MELISSA	
STREET ADDRESS	2020 CLUBHOUSE DR	
CITY-ST-ZIP	SUN CITY CENTER FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	HOFFMAN, ALFRED JR	
STREET ADDRESS	2020 CLUB HOUSE DR	
CITY-ST-ZIP	SUN CITY CENTER FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MITCHELL, STEVE	
STREET ADDRESS	1 TAMPA CITY CTR BLD2100	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HOFFMAN, ELISABETH	
STREET ADDRESS	2020 CLUBHOUSE DR	
CITY-ST-ZIP	SUN CITY CENTER FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HOFFMAN, MATTHEW P	
STREET ADDRESS	2020 CLUBHOUSE DR	
CITY-ST-ZIP	SUN CITY CENTER FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if checked, or on an attachment with an address.

SIGNATURE:  **ALFRED HOFFMAN, JR.** 6-5-96 813-634-3311  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (3/96)