## **FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**PROFIT** CORPORATION **ANNUAL REPORT** 

1997



## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F59778

(3)

HOEH, INC.

Principal	Piace	of I	Business

1050 BUNNELL RD. ALTAMONTE SPRINGS FL 32714

Mailing Address

1050 BUNNELL RD. ALTAMONTE SPRINGS FL 32714-3871

## **FILED** Apr 24 1997 8:00am Secretary of State



407 862-7321

					3. Date Incorporated or Qualified	3a. Date of Last Report
					12/28/1981	03/04/1996
2. Principal Pi	ace of Business	2a. Mailing Ad	dress		4. FEI Number	Applied For
21		26			59-2168049	Not Applicable
Sulte, Apt.	¥, etc.	Suite, Apt.	#, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		·	O, Continuate of Oldron Busined	Fee Required
City & State	9	City & Stat	e		6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	} ¬ ~	untry	8. This corporation has liability for	
24	25	29	[30]	·		Yes No
	9. Name and Address of Curren	t Hegisterea Agen	·	81 Name	10. Name and Address of New Re	gistered Agent
	H, Martha B.J.		ANC	Name		
1050 BUNNELL RD. 82 Street Address (P.O. Box Number is Not Acceptable)						
ALT/	MONTE SPRINGS FL 32714		W. W. J. A.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1-14-34	
		#\$ 1# 111 \$1		83		
				84 City		85 Zip Code
						FL   S   Z   D C C C C C C C C C C C C C C C C C C
office or re	o the provisions of Sections 607.050/ ogistered agent, or both, in the State in familiar with, and accept the obliga	of Florida. Such ch	ange was authorize	ed by the corporal	poration submits this statement for the c tion's board of directors. I hereby accep	urpose of changing its registered at the appointment as registered
SIGNATURE .	Signature, typed or printed name of registered agei	nt and title if applicable	(NOTE: Register	od Agent signature requi	red when reinstating)	DATE
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
TITLE	٧f		DELETE 1.1 T	ITLE		Change Addition
NAME	HOEH, MARTHA B.J.		1.2 h	łame .		
STREET ADDRESS	1050 BUNNELL RD.		1.3 5	TREET ADDRESS		
CITY-ST-ZIP	<b>ALTAMONTE SPRINGS FL 327</b>	14	1	CITY-ST-ZIP		
TITLE	PSD		DELETE 2.17		· · · · · · · · · · · · · · · · · · ·	Change Addition
NAME	HOEH, HANS		2.21	IAME		
STREET ADDRESS	1050 BUNNELL RD.					
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 327	14		CITY-S1-ZIP		
TITLE	TETRIONIC OF WINDS I E OZI		DELETE 3.11			Change Addition
NAME			3.21			
STREET ADDRESS				TREET ADDRESS		
CITY-ST-ZIP				CHY-S1-ZIP		
TITLE			DELETE 4.17			Change Addition
NAME			1	NAME		Charles I requisit
				l		
STREET ADDRESS				TREE1 ADDRESS		
CITY-ST-ZIP TITLE				CITY-ST-ZIP		Change Addition
1		لبيا		l l		Change Addition
NAME				IAME		
STREET ADDRESS				STREET ADDRESS		
CITY-ST-ZIP				CITY-ST-7IP		
TITLE 435			DELETE 6.1 1			Change Addition
NAME EXX	D. Wholes of the		6.2 M	AME		
STREET ADDRESS			6.3 9	TREET ADDRESS		
CITY-ST-ZIP				SITY - S1 - ZIP		····-
14. I do hereb	y certify that the information supplied	with this filing doe	s not qualify for the	exemption state	d in Section 119.07(3)(i), Florida Statute t my signature shall have the same lega	s. I further certify that the
l am an of	licer or director of the corporation or	the receiver or trus	tee empowered to	execute this ropo	t my signature shall have the same lega rt as required by Chapter 607, Florida S	reneot as it made under bath; tha itatules; and that my name
appears in	Block 12 or Block 13 if changed, or	on an attachment	with an address	- 1		•