


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

0011449

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F59778**

1. Corporation Name

HOEH, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 JUL 26 AM 7:47



Principal Place of Business 1050 BUNNELL RD. ALTAMONTE SPRINGS FL 32714	Mailing Address 1050 BUNNELL RD. ALTAMONTE SPRINGS FL 32714
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/28/1981	
21		26		4. FEI Number 59-2168049	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24		29			

9. Name and Address of Current Registered Agent

**HOEH, MARTHA B.J.
1050 BUNNELL RD.
ALTAMONTE SPRINGS FL 32714**

10. Name and Address of New Registered Agent

81	Name	Hoeh Hans	
82	Street Address (P.O. Box Number is Not Acceptable)	1050 Bunnell Rd	
83	City	Altamonte Springs FL.	
84	City	85	Zip Code
		FL	32714

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

Hans Hoeh

(NOTE: Registered Agent signature required when reinstating)

DATE

7-7-99

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	VT	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HOEH, MARTHA B.J.			1.2 NAME			
STREET ADDRESS	1050 BUNNELL RD.			1.3 STREET ADDRESS			
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714			1.4 CITY-ST-ZIP			
TITLE	PSD	<input type="checkbox"/> DELETE		2.1 TITLE	100002952581 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HOEH, HANS			2.2 NAME	-08/06/99--01058--006		
STREET ADDRESS	1050 BUNNELL RD.			2.3 STREET ADDRESS	****550.00 ****550.00		
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714			2.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				4.2 NAME	8/8/3		
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), 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:

Hans Hoeh

7-7-99 407 862-7321

CR2E034 (5/99)

HANS' FOREIGN CAR SERVICE

Mercedes Benz
Porsche Audi
Established 1975

1050 Bunnell Road
Altamonte Springs, FL 32714
407 862-7321 869-4141

Division of Corporations
Annual Reports Filing
P.O. Box 1500
Tallahassee, FL 32302-1500

RE: Document # F59778

July 14, 1999


Gentlemen

With regard to the late payment fee on the filing of my annual corporate report. My wife passed away on February 2nd 1999 and she has always handled this type of report. I was unaware of the need to file this form until I received the second notice in the mail. I called your "800" number and someone from your agency assisted me in filing the report.

I sincerely apologize for this error of omission, but I made a sincere effort to comply as soon as I realized that I needed to file this report. I would ask for your understanding in this matter and request that you refund the late charge which poses an increased hardship at an already extremely difficult time.

Thank you for your assistance in this matter.

Sincerely,



Hans Hoeh