

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90231 042 ***150.00

DOCUMENT # **F92000000012**

1. Corporation Name
LEON J. HOCHHEISER CO., INC.

Principal Place of Business
**527 TOWN LINE ROAD, SUITE 202
HAUPPAUGE NY 11788**

Mailing Address
**527 TOWN LINE ROAD, SUITE 202
HAUPPAUGE NY 11788**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/28/1992

4. FEI Number

11-2500021

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

26 2 METROPLEX DRIVE

Suite, Apt. #, etc.

27 SUITE 220

City & State

28 BIRMINGHAM, AL

Zip

29 35209

Country

30 USA

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PTD	<input checked="" type="checkbox"/> DELETE
NAME	HOCHHEISER, LEON J	
STREET ADDRESS	527 TOWN LINE ROAD, SUITE 202	
CITY-ST-ZIP	HAUPPAUGE NY 11788	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	HOCHHEISER, LILLIAN J	
STREET ADDRESS	527 TOWN LINE ROAD, SUITE 202	
CITY-ST-ZIP	HAUPPAUGE NY 11788	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	DIRECTOR AND PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	LEON J HOCHHEISER	
1.3 STREET ADDRESS	2 METROPLEX DRIVE; SUITE 220	
1.4 CITY-ST-ZIP	BIRMINGHAM, AL 35209	
2.1 TITLE	DIRECTOR AND SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	W. TODD CARLISLE	
2.3 STREET ADDRESS	2 METROPLEX DRIVE; SUITE 220	
2.4 CITY-ST-ZIP	BIRMINGHAM, AL 35209	
3.1 TITLE	DIRECTOR AND TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	KEITH D. DUKE	
3.3 STREET ADDRESS	2 METROPLEX DRIVE; SUITE 220	
3.4 CITY-ST-ZIP	BIRMINGHAM, AL 35209	
4.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	J. FORREST COLLIER	
4.3 STREET ADDRESS	2 METROPLEX DRIVE; SUITE 220	
4.4 CITY-ST-ZIP	BIRMINGHAM, AL 35209	
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 hereby certify that the information supplied and the 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 supplement to 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 registered agent 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 in an addendum with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

W. Todd Carlisle, Secretary

4/29/99

CR2E034 (11/98)