FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 11 PM 9:31

DOCUMENT # **F93000005627 (5)**

1. Corporation Name
HOECKER, INC.

Principal Place of Business	Mailing Address
15271-14 MCGREGOR BLVD. FT. MYERS FL 33908	15271-14 MCGREGOR BLVD. FT. MYERS FL 33908

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified	3a. Date of Last Report
12/07/1993	02/08/1994

2. Principal Place of Business	2a. Mailing Address
21 11595 Kelly Rd.	26 11595 Kelly Rd.
Suite, Apt. #, etc. 22 #108	Suite, Apt. #, etc. 27 #108
City & State 23 Ft. Myers, FL	City & State 28 Ft. Myers, FL
Zip 24 33908 Country 25 USA	Zip 29 33908 Country 30 USA

4. FEI Number: 13-3200364 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CORPORATION SERVICE COMPANY 1201 HAYS ST. TALLAHASSEE FL 32301	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☒ Change ☐ Addition
NAME	HOECKER, JOERN	1.2 NAME	
STREET ADDRESS	4902 BAD SALZUFLEN 5	1.3 STREET ADDRESS	D-32107 Bad Salzuflen-Lockhausen
CITY-ST-ZIP	GERMANY	1.4 CITY-ST-ZIP	
TITLE	VS	2.1 TITLE	VT ☒ Change ☐ Addition
NAME	SHEEHAN, ELAINE	2.2 NAME	
STREET ADDRESS	15271-14 MCGREGOR BLVD.	2.3 STREET ADDRESS	11595 Kelly Road #108
CITY-ST-ZIP	FT. MYERS FL 33908	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	☒ Change ☐ Addition
NAME	LUTRINGER, RICHARD E	3.2 NAME	
STREET ADDRESS	200 PARK AVE.	3.3 STREET ADDRESS	101 Park Avenue
CITY-ST-ZIP	NEW YORK NY 10166	3.4 CITY-ST-ZIP	New York, NY 10178
TITLE	D	4.1 TITLE	☒ Change ☐ Addition
NAME	HOECKER, UWE	4.2 NAME	
STREET ADDRESS	4902 BAD SALZUFLEN 5	4.3 STREET ADDRESS	D-32107 Bad Salzuflen-Lockhausen
CITY-ST-ZIP	GERMANY	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☒ Change ☐ Addition
NAME	HOECKER, HORST	5.2 NAME	
STREET ADDRESS	4902 BAD SALZUFLEN 5	5.3 STREET ADDRESS	D-32107 Bad Salzuflen-Lockhausen
CITY-ST-ZIP	GERMANY	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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: Elaine Sheehan Elaine Sheehan 4/7/95 813-482-8004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0480180 FP