

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **G51234**

(4)

1. Corporation Name

THE HOEBEN CORPORATION



Principal Place of Business

Mailing Address

C/O SUZANNE S. HOEBEN
P. O. BOX 924269
HOMESTEAD FL 33092-4269
US

C/O SUZANNE S. HOEBEN
P. O. BOX 924269
HOMESTEAD FL 33092-4269
US

3. Date Incorporated or Qualified
07/25/1983

3a. Date of Last Report
02/22/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 Zip Country

29 Zip Country

4. FEI Number
59-2305913

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

HOEBEN, SUZANNE S.
26705 SW 173 COURT
HOMESTEAD FL 33031

81 Name
HOEBEN, SUZANNE S.
82 Street Address (P.O. Box Number is Not Acceptable)
27300 SW 163 CT.
83
84 City
HOMESTEAD
85 Zip Code
FL 33031

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 date of application.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE

DPS

☐ Change ☐ Addition

NAME
HOEBEN, SUZANNE
STREET ADDRESS
17340 SW 264 TERRACE
CITY, ST, ZIP
HOMESTEAD, FL 00000

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

**HOEBEN, SUZANNE
27300 SW 163 CT.
HOMESTEAD, FL 33031**

TITLE ☐ DELETE

2.1 TITLE

DVT

☐ Change ☐ Addition

NAME
HOEBEN, LARRY
STREET ADDRESS
17340 SW 264 TERRACE
CITY, ST, ZIP
HOMESTEAD FL

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

**HOEBEN, LARRY
27300 SW 163 CT.
HOMESTEAD, FL 33031**

TITLE ☐ DELETE

3.1 TITLE

☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY, ST, ZIP

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE ☐ DELETE

4.1 TITLE

☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY, ST, ZIP

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE ☐ DELETE

5.1 TITLE

☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY, ST, ZIP

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE ☐ DELETE

6.1 TITLE

☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY, ST, ZIP

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE:

Suzanne S. Hoeben
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/96

Date (305) 245-3951
Daytime Phone #

CR2E034 (12/95)