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Apr 22 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **G51234** (4)

1. Corporation Name
THE HOEBEN CORPORATION



Principal Place of Business
**C/O SUZANNE S. HOEBEN
P. O. BOX 924269
HOMESTEAD FL 33082-4269
US**

Mailing Address
**C/O SUZANNE S. HOEBEN
P. O. BOX 924269
HOMESTEAD FL 33082-4269
US**

3. Date Incorporated or Qualified **07/25/1983** 3a. Date of Last Report **03/01/1996**

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

2. Principal Place of Business
21 **501 VIEWPOINTE CT.**
Suite, Apt. #, etc.

2a. Mailing Address
26 **501 VIEWPOINTE CT.**
Suite, Apt. #, etc.

22 City & State
23 **SENECA, S.C.**

27 City & State
28 **SENECA, S.C.**

24 Zip **29672** Country

29 Zip **29672** Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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	DPS	<input type="checkbox"/> DELETE
NAME	HOEBEN, SUZANNE	
STREET ADDRESS	27300 SW 163 CT	
CITY-ST-ZIP	HOMESTEAD, FL 00000	
TITLE	DVT	<input type="checkbox"/> DELETE
NAME	HOEBEN, LARRY	
STREET ADDRESS	27300 SW 163 CT	
CITY-ST-ZIP	HOMESTEAD FL	
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	501 VIEWPOINTE CT.
1.4 CITY-ST-ZIP	SENECA, S.C. 29672
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	501 VIEWPOINTE CT.
2.4 CITY-ST-ZIP	SENECA, S.C. 29672
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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 do 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LARRY S. HOEBEN 3/31/97

(864) 985-0777

Date Daytime Phone

0161078

CR2E034 (9/96)