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Apr 07 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # G52680

(7)

1. Corporation Name

HOPKINS & ASSOCIATES, INC.

Principal Place of Business

Mailing Address

5306 SAPHIRE VALLEY  
BOCA RATON FL 33486  
US

5306 SAPHIRE VALLEY  
BOCA RATON FL 33486  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/28/1983

2. Principal Place of Business

2a. Mailing Address

21 5868 PINEAROCK DR

26 5868 PINEAROCK DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 BOCA RATON FLORIDA

28 BOCA RATON FLORIDA

Zip

Country

Zip

Country

24 33433

25 USA

29 33433

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HOPKINS, M. THOMAS  
5306 SAPHIRE VALLEY 5868 PINEAROCK DR  
BOCA RATON FL 33486-33433

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 607.1506, 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 PD ☐ DELETE

NAME HOPKINS, M THOMAS

STREET ADDRESS 5306 SAPHIRE VALLEY 5868 PINEAROCK DR

CITY-ST-ZIP BOCA RATON FL 33486-33433

TITLE ST ☒ DELETE

NAME HOPKINS, ANNE P

STREET ADDRESS 22113 SOLIEL CIRCLE

CITY-ST-ZIP BOCA RATON FL 33433

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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:

11/98 561-416-1748

CR2E034 (10/97)