

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **G64530** (0)

1. Corporation Name

PETER M. HODKIN, P.A.



Principal Place of Business

Mailing Address

~~3300 W. COMMERCIAL BLVD.~~
~~SUITE 302~~
~~FT LAUDERDALE FL 33309~~

~~2200 W. COMMERCIAL BLVD.~~
~~SUITE 302~~
~~FT LAUDERDALE FL 33309~~

3. Date Incorporated or Qualified
10/11/1983

3a. Date of Last Report
03/28/1995

2. Principal Place of Business

21 **2101 W. Commercial Blvd.**

Suite, Apt. #, etc.

22 **Suite 4100**

City & State

23 **Ft. Lauderdale, FL**

24 **33309**

Country

2a. Mailing Address

26 **2101 W. Commercial Blvd.**

Suite, Apt. #, etc.

27 **Suite 4100**

City & State

28 **Ft. Lauderdale, FL**

29 **33309**

Country

4. FEI Number

59-2345659

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

HODKIN, PETER M.

~~2200 W. COMMERCIAL BLVD.~~

~~SUITE 302~~

FT LAUDERDALE FL 33309

81 Name

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

2101 W. Commercial Blvd.

83

Suite 4100

84

Ft. Lauderdale

FL

85 Zip Code
33309

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

Peter M. Hodkin
Signature (Typed or printed name of registered agent is acceptable)

Peter M. Hodkin
(NOTE: Registered Agent's signature required when re-registering)

4/29/96
Date

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **DP**
STREET ADDRESS **HODKIN, PETER M**
CITY-ST-ZIP **2200 W. COMMERCIAL BLVD.**
FT LAUDERDALE FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **2101 W. Commercial Blvd.**
1.4 CITY-ST-ZIP **Ft. Lauderdale, FL 33309**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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:

Peter M. Hodkin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/96
Date

(754) 735-0000
Daytime Phone #

CR2E034 (12/95)