

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

CORPORATION
ANNUAL REPORT
1995



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

**APPROVED
AND
FILED**

95 FEB 27 PM 2:52

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # H74562

(0)

1. Corporation Name

HOBE SOUND ASSOCIATES, INC.

Principal Place of Business

**% WILLIAM MANIKAS
630 EAST OCEAN AVE., SUITE 307
BOYNTON BEACH FL 33435**

Mailing Address

**% WILLIAM MANIKAS
630 EAST OCEAN AVE., SUITE 307
BOYNTON BEACH FL 33435**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/04/1985

3a. Date of Last Report

05/01/1994

4. FEI Number

59-2588176

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

2a. Mailing Address

21 11671 SE Plاندome Drive

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Hobe Sound, Florida

28

24

33455

25

Country

29

Zip

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MANIKAS, WILLIAM
630 EAST OCEAN AVENUE
SUITE 307
BOYNTON BEACH FL 33435**

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 date of signature

NOTE: Registered Agent signature required when not filing

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**S
CHINGOS, GLORIA
11823 SE FREEPORT CT.
HOBE SOUND FL**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VPD
ANDROMIDAS, CHARLES
742 LAKESIDE DRIVE
N. PALM BEACH FL**

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
CHINGOS, JOHN
11823 SE FREEPORT CT.
HOBE SOUND FL**

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**TD
WAX, SAMUEL
601 S SEAS DR
JUPITER FL**

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
MANIKAS, WILLIAM
630 E. OCEAN AVE. #307
BOYNTON BEACH FL**

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP
☐ Change ☐ Addition

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(4)(b), Florida Statutes. I further certify that the information included in 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, in my individual, or on an attachment with an address.

SIGNATURE:

William Manikas, Director 2/9/95

407 737-7111

Signature and typed or printed name of signing officer on director