

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **H74562** (0)

1. Corporation Name

HOBE SOUND ASSOCIATES, INC.



Principal Place of Business

Mailing Address

% WILLIAM MANKAS
639 EAST OCEAN AVE., SUITE 307
BOYNTON BEACH FL 33435

% WILLIAM MANKAS
639 EAST OCEAN AVE., SUITE 307
BOYNTON BEACH FL 33435

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

3. Date Incorporated or Qualified

09/04/1985

3a. Date of Last Report

02/27/1995

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MANIKAS, WILLIAM
639 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 (an individual) (applicable)

(NOTE: Registered Agent signature required when corporation is a corporation)

(DATE)

12. OFFICERS AND DIRECTORS

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

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

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

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

TITLE D
NAME MANIKAS, WILLIAM
STREET ADDRESS 639 E. OCEAN AVE. #307
CITY-ST-ZIP BOYNTON BEACH FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

John Chingos

John Chingos

6/13/96

(407)546-4600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #

CR2E034 (3/96)