

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Apr 16 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
-------------------------------------------------------	-----------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------

DOCUMENT # **H74562** (0)  
1. Corporation Name  
**HOBE SOUND ASSOCIATES, INC.**



Principal Place of Business <b>11671 SE PLANDOME DRIVE 639 EAST OCEAN AVE., SUITE 307 HOBE SOUND FL 33455 US</b>	Mailing Address <b>% WILLIAM MANIKAS 639 EAST OCEAN AVE., SUITE 307 BOYNTON BEACH FL 33435</b>
---------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------

DO NOT WRITE IN THIS SPACE

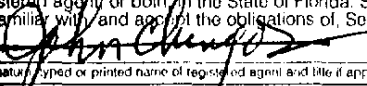
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
-----------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------

3. Date Incorporated or Qualified <b>09/04/1985</b>	
4. FEI Number <b>59-2588176</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>MANIKAS, WILLIAM 639 EAST OCEAN AVENUE SUITE 307 BOYNTON BEACH FL 33435</b>	
-----------------------------------------------------------------------------------------------------------------------------------------------	--

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code <b>FL</b>

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  (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	<b>S</b> <input type="checkbox"/> DELETE
NAME	<b>CHINGOS, GLORIA</b>
STREET ADDRESS	<b>11823 SE FREEPORT CT.</b>
CITY-ST-ZIP	<b>HOBE SOUND FL</b>
TITLE	<b>VPD</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>ANDROMIDAS, CHARLES</b>
STREET ADDRESS	<b>742 LAKESIDE DRIVE</b>
CITY-ST-ZIP	<b>N. PALM BEACH FL</b>
TITLE	<b>PD</b> <input type="checkbox"/> DELETE
NAME	<b>CHINGOS, JOHN</b>
STREET ADDRESS	<b>11823 SE FREEPORT CT.</b>
CITY-ST-ZIP	<b>HOBE SOUND FL</b>
TITLE	<b>TD</b> <input type="checkbox"/> DELETE
NAME	<b>WAX, SAMUEL</b>
STREET ADDRESS	<b>601 S SEAS DR</b>
CITY-ST-ZIP	<b>JUPITER FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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	<b>VTD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>Wax, Samuel</b>
4.3 STREET ADDRESS	<b>601 S Seas Dr.</b>
4.4 CITY-ST-ZIP	<b>Jupiter, FL</b>
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 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 an attachment with an address.

SIGNATURE:  4/18/98 561-546-4600

CR2E034 (10/97)