

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. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **K05060** (4)

1. Corporation Name
HOFFMAN AG SERVICE, INC.



Principal Place of Business	Mailing Address
% WILLIAM D. HOFFMAN POST OFFICE BOX 1201 LOXAHATCHEE FL 33470-8201	% WILLIAM D. HOFFMAN POST OFFICE BOX 1201 LOXAHATCHEE FL 33470-8201

3. Date Incorporated or Qualified 12/04/1987	3a. Date of Last Report 03/23/1995
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2. Principal Place of Business	2a. Mailing Address
21 12760 Stone Pine Way	26 12760 Stone Pine Way
Suite, Apt., etc.	Suite, Apt., etc.
22	27
City & State 23 Wellington, FL	City & State 28 Wellington, FL
Zip 24 33414	Zip 29 33414
Country 25 USA	Country 30 USA

4. FEI Number 65-0017107	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
HOFFMAN, WILLIAM D.
12760 STONE PINE WAY
WEST PALM BEACH FL 33414

10. Name and Address of New Registered Agent

B1 Name	CHRISTINA VANDEN BERG
B2 Street Address (P.O. Box Number is Not Acceptable)	12760 STONE PINE WAY
B3	
B4 City	Wellington
FL	FL
B5 Zip Code	33414

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: *Christina Vanden Berg* (NOTE: Registered Agent signature required when registering) DATE: **4/26/96**

12. OFFICERS AND DIRECTORS

TITLE	PO	<input checked="" type="checkbox"/> DELETE
NAME	HOFFMAN, WILLIAM D.	
STREET ADDRESS	12760 STONE PINE WAY	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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

11 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	D Hoffman Family Trust Co
13 STREET ADDRESS	12760 STONE PINE WAY
14 CITY-ST-ZIP	WELLINGTON, FL 33414
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	CHRISTINA VANDEN BERG
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 in an attachment with an address.

SIGNATURE: *Christina Vanden Berg* **CHRISTINA VANDEN BERG, Director** DATE: **4/26/96** (407) 753-1700

CR21204 (3/96)