

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 # **L21971 (1)**
1. Corporation Name
HOFFMAN GRAPHICS, INC.



Principal Place of Business: **4645-A SOUTHERN BLVD. WEST PALM BEACH FL 33415**
Mailing Address: **4645-A SOUTHERN BLVD. WEST PALM BEACH FL 33415**

3. Date Incorporated or Qualified: **10/10/1989**
3a. Date of Last Report: **04/20/1995**
4. FEI Number: **65-0149746**
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: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30
Suite, Apt. #, etc.
City & State
Zip Country

9. Name and Address of Current Registered Agent
**BRAMS, DANIEL J.
1645 PALM BEACH LAKES BLVD
SUITE 490
W. PALM BEACH FL 33401**

10. Name and Address of New Registered Agent
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 607.1506, 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: _____ (Name, typed or printed name of registered agent and block of applicant) (Print Name, Registered Agent Signature required when resigning) DATE

12. OFFICERS AND DIRECTORS
TITLE: **D** DELETE
NAME: **HOFFMAN, PETER**
STREET ADDRESS: **452 S. CONGRESS AVENUE**
CITY-ST-ZIP: **WEST PALM BCH FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE: Change Addition
1.2 NAME: **HOFFMAN, PETER**
1.3 STREET ADDRESS: **4645-A Southern Blvd.**
1.4 CITY-ST-ZIP: **West Palm Beach, FL. 33415**

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 Hoffman* **Peter Hoffman** 4/22/96 407-684-8429
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day/Time Phone #

CR2E034 (12/95)