


FILE NOW: FILING FEE IS \$61.25

FILED

Jan 28 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N40350 (3)</b> 1. Corporation Name <b>THE COUNT AND COUNTESS DE HOERNLE FOUNDATION, INC.</b>					
Principal Place of Business <b>C/O ADOLPH W. &amp; HENRIETTA HOERNLE 6055 S. VERDE TRAIL. #H-320 BOCA RATON FL 33433</b>			Mailing Address <b>C/O ADOLPH W. &amp; HENRIETTA HOERNLE 6055 S. VERDE TRAIL. #H-320 BOCA RATON FL 33433</b>		
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>10/11/1990</b> 4. FEI Number <b>65-0221652</b> <input checked="" type="checkbox"/> 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> 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No 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>STEVENI GREENWARD 6791 N.FEDERAL HWY SUITE 105 BOCA RATON FL 33433</b>				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOERNLE, ADOLPH W.		1.2 NAME		
STREET ADDRESS	6055 S. VERDE TR #H-320		1.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		1.4 CITY-ST-ZIP		
TITLE	DVP	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOERNLE, HENRIETTA		2.2 NAME		
STREET ADDRESS	6055 S. VERDE TR #H-320		2.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		2.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DE HOERNLE, HENRIETTA		3.2 NAME		
STREET ADDRESS	6055 S. VERDE TR #H-320		3.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		3.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	OUSSANI, JAMES J.		4.2 NAME		
STREET ADDRESS	875 E. CAMINO RAOD		4.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		4.4 CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOERNLE, HENRIETTA		5.2 NAME		
STREET ADDRESS	6055 S. VERDE TR #H-320		5.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_

SIGNATURE REQUIRED

*Henrietta Hoernle* 1/15/98

CR2E037 (10/97)