FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 24 AM 8:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000005396 (7)

1. Corporation Name

HOTCO OF FLORIDA, INC.

Principal Place of Business	Mailing Address
1801 S OCEAN DR #931 HALLANDALE FL 33009	PO BOX 3312 HALLANDALE FL 33008 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/01/1993	3a. Date of Last Report: 04/28/1994
4. FEI Number: 65-0462134	☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒	$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21 300 Layne Blvd.	26
22 Suite, Apt. #, etc. 306	27 Suite, Apt. #, etc.
23 City & State Hallandale, FL	28 City & State
24 Zip 33009 25 Country Broward	29 Zip 30 Country

9. Name and Address of Current Registered Agent

SCHNEIDER, IRWIN H
1801 S OCEAN DR #931
HALLANDALE FL 33009

10. Name and Address of New Registered Agent

91 Name: Christopher Silberhorn
92 Street Address (P.O. Box Number is Not Acceptable): 300 Layne Blvd. #306
93
94 City: Hallandale FL 95 Zip Code: 33009

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: Christopher Silberhorn — 04/17/95
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	D	1.1 TITLE	☐ Change ☐ Addition
NAME	COOPER, JOY	1.2 NAME	
STREET ADDRESS	301 HOLIDAY DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE FL 33009	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	D ☒ Change ☐ Addition
NAME	GALLO, TERRY	2.2 NAME	Christopher Silberhorn
STREET ADDRESS	1801 S OCEAN DR #931	2.3 STREET ADDRESS	300 Layne Blvd. #306
CITY-ST-ZIP	HALLANDALE FL 33009	2.4 CITY-ST-ZIP	Hallandale, FL 33009
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	CUTLER, NAT	3.2 NAME	
STREET ADDRESS	800 PARKVIEW DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE FL 33009	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	D ☒ Change ☐ Addition
NAME	LEWIS, DONALD	4.2 NAME	Jacqueline Pentecost
STREET ADDRESS	1000 SW 7TH ST	4.3 STREET ADDRESS	2001 Atlantic Shores Blvd. #501
CITY-ST-ZIP	HALLANDALE FL 33009	4.4 CITY-ST-ZIP	Hallandale, FL 33009
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	STEINBERG, LENARD	5.2 NAME	
STREET ADDRESS	600 PARKVIEW DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE FL 33009	5.4 CITY-ST-ZIP	
TITLE	P	6.1 TITLE	D ☒ Change ☐ Addition
NAME	SCHNEIDER, IRWIN H	6.2 NAME	Barbara Siegel
STREET ADDRESS	1801 S OCEAN DR #931	6.3 STREET ADDRESS	600 Three Islands Blvd. #917
CITY-ST-ZIP	HALLANDALE FL 33009	6.4 CITY-ST-ZIP	Hallandale, FL 33009

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)(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: Christopher Silberhorn — 4/17/95 — 305-624-4900
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Date — Daytime Phone #