CR2E034 (1.1/98)

Addition

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Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90014 047 \*\*\*150.00

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P93000026910

1. Corporation Name

HOFFMA	IN-CROW, INC.								
Principal Place	e of Business	Mailing Address					ABILL MANIA 21929 ACI	18 1818) 1	
1001 US HWY JUPITER FL 334 US		P.O. BOX 141916 CORAL GABLES FL 33114 US				DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed			
Ì	•					04/09/1993			
<u> </u>	lace of Business	2a. Mailing Address		_		4. FEI Number 65-0403806		<del></del>	lied For Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.							dditional
City & State	Ö	City & State			<del></del>	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip	Country . 25	Zip 39	Countr	ry		This corporation owes the current Personal Property Tax.	Ye	es l	□No
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Reg	gistered Agent		_
GREGORY, GARY M 770 S. DIXIE HIGHWAY SUITE 250			8:	2 S	ame treet Addre	ess (P.O. Box Number is Not Acceptable	e)		_
COR	IAL GABLES FL 33146		84	4 C	ity		FL 85	Zip C	ode
agent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State or rn familiar with, and accept the obligat	and 607.1508, Florida Statutes of Florida. Such change was auth ons of, Section 607.0505, Florid	, the above norized by a Statute	ve-na y the es.	med corpo corporation	oration submits this statement for the pun's board of directors. I hereby accept t		ing its r as reg	registered jistered
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	egistered Age	ent sigi	nature required	when reinstating)	DATE		
12.	OFFICERS ANI	ID DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICE			
TITLE	D ·	☐ DELETE	1.1 TITLE				□ C	hange	Addition
NAME	GREGORY, GARY M		1.2 NAME	Ē					
STREET ADDRESS	770 S. DIXIE HIGHWAY		1.3 STRE	ET ADD	RESS				
CITY-ST-ZIP	CORAL GABLES FL		1.4 CITY-	ST-ZIP					
TITLE	P	☐ DELETE	2.1 TITLE	į	ļ		□c	hange	Addition Addition
NAME	HOFEMAN RICHARD		2.2 NAME	Ξ.	i				

DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP 14. I hereby certify that the information superied 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 applemental armual 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 or an attachment with an address, with all other like empowered.

2.3 STREET ADDRESS

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

3.4. CITY-ST-ZIP

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

☐ DELETÉ

DELETE

☐ DELETE

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

TITLE

NAME

1001 US HIGHWAY 1

1001 US HIGHWAY 1

JUPITER FL

JUPITER FL

GREEN, CARLA

G OFFICER OR DIRECTOR

305-669-6000