

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

1. Corporation Name: MARILYN J. HOCHMAN, P.A.

Principal Place of Business:	Mailing Address:
501 N Magnolia Ave Orlando FL 32801	

3. Date Incorporated or Qualified	4/26/93	3a. Date of Last Report	1995
4. FE Number	59-318-5311	Applied For	Not Applicable
5. Certificate of Status Due	[]	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution	[]	\$5.00 May Be Added to Fees	
8. This corporation has liability, including but not limited to, Florida Statutes	[X] Yes	[] No	

9. Name and Address of Current Registered Agent

Marilyn J. Hochman
501 N Magnolia Ave
Orlando FL 32801

81	Name	
82	Street Address (P.O. Box Number is Not Acceptable)	
83		
84	City	Zip Code

[illegible]

SIGNATURE

[illegible]

OFFICERS AND DEFECTORS

AND TRANSCENDENCE TO OUR OWN AND OTHERS' NATURE

12.		OFFICERS AND DIRECTORS	
TITLE			☐ OFFICER
NAME	President		
STREET ADDRESS	Marilyn J Hochman		
CITY, ST, ZIP	501 N Magnolia Ave		
TITLE			☐ OFFICER
NAME	Orlando, FL 32801		
STREET ADDRESS			
CITY, ST, ZIP			
TITLE			☐ OFFICER
NAME			
STREET ADDRESS			
CITY, ST, ZIP			
TITLE			☐ OFFICER
NAME			
STREET ADDRESS			
CITY, ST, ZIP			
TITLE			☐ OFFICER
NAME			
STREET ADDRESS			
CITY, ST, ZIP			
TITLE			☐ OFFICER
NAME			
STREET ADDRESS			
CITY, ST, ZIP			

[illegible]

14. I do hereby certify that the information supplied with this filing is a true and correct copy of the information stated in Section 11(b)(3)(c) of the 1933 Act, and I further certify that the information was made available to the recipient of such supply for the purpose of distribution and circulation of that information. I, the undersigned, have made such a statement under oath. I am an officer or director of the corporation or the issuer of the securities of such corporation or issuer, and I am authorized to make this statement and certify that my name appears in Rule 12(b)(2) of the 1933 Act as a guarantor of the statement.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARILYN J. HOCHMAN

president

ident 407
7/24/96 8391722

CR2E034 (3/96)