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PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Jan 21 1997 8:00am

Secretary of State

Daytime Phone It

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000070877 (4)**1. Corporation Name

HOTZ RE	EALTY ENTERPRISES, IN	C.	` '							
Principal Place	e of Business	Mi	ailing Address				j – † LEWINGAI LYD SEFOG INNI OBEN AMUNI ODIN	J Bo rra F ord it i	AT IN PRINTING	(V) (V)
4615 CENTRAL AVE. ST. PETERSBURG FL 33713			4615 CENTRAL AVE. ST. PETERSBURG FL 33713-8138							
							3. Date Incorporated or Qualified 10/12/1993	1	ate of Last R 20/1996	eport
<u> </u>	lace of Business		Mailing Address				4. FEI Number		 	oplied For
Suite, Apt	# etc	26	Suite, Apt. #, etc.				59-3212980		\$8.75 /	ot Applicable
22		27	- 1			5. Certificate of Status Desired		Fee Re		
City & State	e		City & State	·· ··			6. Election Campaign Financing		\$5.00	May Be
23		28					Trust Fund Contribution		Added t	
Zip	Country		Zip Cou		ntry		8. This corporation has liability for			
24	25 29 30 9. Name and Address of Current Registered Agent]30			Florida Statutes Yes No 10. Name and Address of New Registered Agent				
HOT	Z, EDWIN A				81	Name	10	9.410.40		
4615 CENTRAL AVE.				ŀ	82	Street Addre	Address (P.O. Box Number is Not Acceptable)			
\$T. I	PETERSBURG FL 33713									
					63					
					84	City		FL	85 Zip (Code
l office or r	egistered agent, or both, in the SI	late of Florid	da. Such change was	: authorized	i by:	the corporation	pration submits this statement for the pon's board of directors. I hereby acce	ourpose of	f changing it pointment as	is registered registered
ľ	m familiar with, and accept the of	oligations of	, Section 607.0505, F	Florida Statu	utes.					
SIGNATURE.	Signature, type dior printed name of registerer	Tagent and tile	fappin; ata; (NC	OTE Registered	Agen	it signature require	d when reinstating)	DATE		
12.	OF LICE RS	AND DIREC	CTORS	13.			ADDITIONS/CHANGES TO OFFIC	CERS AND	DIRECTOR	RS IN 12
TITLE	P		DELETE	11 111	LE				Change	Addition
NAME	HOTZ, EDWIN A			1.2 NA	ME					
STREET ADDRESS	4615 CENTRAL AVE.					ADDRESS				
CITY-ST-ZIP	ST. PETERSBURG FL 33713	<u></u>	DELETE	1.4 CIT		- ZIP		***************************************	Channa	Addition
TITLE NAME			_ Deter	2.1 TIT 2.2 NA					Change	L. Austron
STREET ADDRESS				1		ADDRESS				'
CITY-ST-ZIP				2 4 Cf						
TITLE			DELETE	3 1 TIT		,	The same and the s		Change	Addition
NAME				3.2 NA	ME	1			-	
STREET ADDRESS				3.3 \$11	REET #	ADDRESS				
CITY-ST ZIP				34. Ct	TY - ST	T-ZIP				
TITLE			DELETE	4.1 TIT	LE.				Change	Addition
NAME				4. 2 NA	AME					
STREET ADDRESS				4.3 ST	REET A	ADDRESS		e Karamana	c-c	
C:TY-ST-7IP			55, 576	4.4 C(1		- ZIP	50000206 -01/23/97=-010	///==/	18 .	The state of
Title			DELETE	5.1 TIT			***165.00	TT U	ALLE Change	Addition
NAME I				5.2 NA			***10J.UU			
STREET ADDRESS						ADDRESS				
CHY-ST ZIP			DELETE	5.4 CIT		- ZIP			Change	Addition
TITLE			בן טנגנונ	6.1 TIT					CT CHANGE	Addition
NAME CTECET ADDIDECE				6.2 NA		ADDOCCC				1201
STREET ADURESS				6.351	KEEL F	ADDRESS				' 12-

14. I do hereby certify that the information supplied with this filling 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 greater 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR