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PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #	P94000006759	(2)
1 Conversion Name		` '

1829 DRANSON CIRCLE PT. ST. LUCIE FL 34952	1829 DRANSON CIRCLE PT. ST. LUCIE FL 34952	
Principal Place of Business	Mailing Address	
HOGAN TRANSFER, INC.		
1. Corporation Name	()	



						3. Date incorporated or Qualified 01/18/1994	3a. Date 0	of Last 16/1	
2. Principal Pla	ice of Business	2a. Mailing Address	S			4. FEI Number	2766	7	Applied For
21		26				APPLIED FOR 5%	-2744		
Suite, Apt. # 22	ł, etc	Suite, Apt. #, e	tc.			5. Certificate of Status Desired		+	75 Additional ee Required
City & State		Orty & State				Election Campaign Financing Trust Fund Contribution		• -	.00 May Be ded to Fees
Zip	Country 25	7 _{(р}	30	untry		This corporation has liability for Florida Statutes Yes	intangible tax	under	rs 199.032,
	9. Name and Address of Curre	ent Registered Agent				10. Name and Address of New F	legistered A	gent	
				81	Name				
HOGAN,	ROBERT			82	Street Add	ress (P.O. Box Number is Not Acceptab	ole)		
1829 DR/	ANSON CIRCLE						/		
PT. ST. L	LUCIE FL 34952			83					
				84	City		FL	85	Zip Code
SIGNATURE	h, and accept the obligations of, Se Styrature typed or printed name of registered ago	ent and title if applicable	(NO™ Registere		nt signature require	od when reinstaling)	DATE		
12.	OFFICERS A	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFF			
10tF	D HOOM PORENT	DELETI		TITLE			L] Chang	ge 🔲 Addition
NAME	HOGAN, ROBERT			NAME					
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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)(k), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 12 or Block 13 changed, or on an attachment with an address.

SIGNATURE: SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNAING OFFICER OR DIRECTOR

1-25-96 337-465