

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Morburn
Secretary of State
DEPARTMENT OF CORPORATIONS

1995 7-25-95 B-1928-C

FILED

95 JUL 25 AM 10:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000015912 (6)

1. Corporation Name

HOBART IMPORTERS, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
3511 W. COMMERCIAL BLVD. SUITE 2000 FT. LAUDERDALE FL 33309		3511 W. COMMERCIAL BLVD. SUITE 2000 FT. LAUDERDALE FL 33309	
2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	65-0477095	Not Applicable
Suite, Apt #, etc		3. Date Incorporated or Qualified	
22		02/28/1994	
City & State		3a. Date of Last Report	
23		02/28/1994	
Zip	Country	5. Certificate of Status Desired	
24	25	[] \$8.75 Additional Fee Required	
29	30	6. Exemption Certificate Issued	
		[] \$5.00 May Be Added to Fees	
		8. This corporation has liability for intangible tax under s. 193.032, Florida Statutes	
		[] Yes [] No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
CT CORPORATON SYSTEM 1200 S. PINE ISLAND RD. PLANTATION FL 33324		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	
		FL 85 Zip Code	

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 _____ DATE _____
(Signature) typed or printed name of registered agent and title if applicable (DATE) Registered Agent signature required after recording

12. OFFICERS AND DIRECTORS		13.	
TITLE	D	11 TITLE	[] Change [] Addition
NAME	GOLDSTEIN, HOWARD E	12 NAME	
STREET ADDRESS	%3511 W. COMMERCIAL BLVD., SUITE 2000	13 STREET ADDRESS	
CITY - ST - ZIP	FT. LAUDERDALE FL 33309	14 CITY - ST - ZIP	
TITLE	D	21 TITLE	[] Change [] Addition
NAME	GOLDSTEIN, BARBARA	22 NAME	
STREET ADDRESS	%3511 W. COMMERCIAL BLVD., SUITE 2000	23 STREET ADDRESS	
CITY - ST - ZIP	FT. LAUDERDALE FL 33309	24 CITY - ST - ZIP	
TITLE		31 TITLE	[] Change [] Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY - ST - ZIP		34 CITY - ST - ZIP	
TITLE		41 TITLE	[] Change [] Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE		51 TITLE	[] Change [] Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	[] Change [] Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

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)(b), 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 manager or member 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 as an attachment with an address.

SIGNATURE: *Howard Goldstein*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 HOWARD GOLDSTEIN, President

7/13/95 (305) 731-3319
 Date Original Number

CR2E034 (3/95)