

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000065513 (1)

1. Corporation Name

BOONSOM HOFFMAN INC.



Principal Place of Business

1900 OKEECHOBEE BLVD.
SUITE A-3
WEST PALM BEACH FL 33409

Mailing Address

1900 OKEECHOBEE BLVD.
SUITE A-3
WEST PALM BEACH FL 33409

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

09/06/1994

3a. Date of Last Report

01/24/1995

4. FEI Number

65-0517295

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

HOFFMANN, DALLAS D
1900 OKEECHOBEE BLVD
SUITE A4
W PALM BEACH FL 33409

10. Name and Address of New Registered Agent

81 Name DALLAS D. HOFFMAN

82 Street Address (P.O. Box Number is Not Acceptable)

1900 OKEECHOBEE BLVD STE A4

83

84 City W. PALM BEACH

FL

85 Zip Code 33409

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

Dallas D. Hoffman
Signature, typed or printed name of current agent and the filer, if same

DALLAS D. HOFFMAN

(NOTE: Registered Agent signature required when changing)

2/26/96

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME HOFFMAN, BOONSOM
STREET ADDRESS 1900 OKEECHOBEE BLVD., SUITE A-3
CITY-ST-ZIP WEST PALM BEACH FL 33409 ☐ DELETE

TITLE S
NAME HOFFMANN, DALLAS D
STREET ADDRESS 1900 OKEECHOBEE BLVD SUITE A4
CITY-ST-ZIP W PALM BEACH FL ☒ DELETE

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE SECRETARY
1.2 NAME DALLAS D. HOFFMAN
1.3 STREET ADDRESS 1900 OKEECHOBEE BLVD, STE A4
1.4 CITY-ST-ZIP W. PALM BEACH FL 33409 ☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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 13 if changed, or on an attachment with an address.

SIGNATURE:

Dallas D. Hoffman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DALLAS D. HOFFMAN

2/26/96

(407) 640-0131

DATE

CR2E034 (12/95)