FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000010059

HOFFER INSURANCE GROUP, INC.

FILED Feb 21, 1999 8:00 am Secretary of State

02-21-1999 90043 042 ***150.00



Principal Place	e of Business	Mailing Address		T (ODI)(ODI 110 IOID) DIV() OU()) ABIN(MOIN)	TOLOS ITANI BAICI ABEBI BAICA IRII (RAI
5255 N FEDERA	NL HWY	5255 N FEDERAL HWY			
2ND FLOOR	F1	2ND FLOOR		DO NOT WRITE IN	THIS SDACE
BOCA RATON FL 33487 BOCA RATON FL 33487 US US				DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed	
00		00		02/01/1995	
2 Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 798	N.W. 6th DRIVE	26 798 N.W.	6+1 DR.	65-0563154	Not Applicable
Suite, Apt,		Suite, Apt. #, etc.			\$8.75 Additional
	Boca Ratow	27 Boca Pato	N	5. Certificate of Status Desired	Fee Required
City & State	e	City & State		6. Election Campaign Financing	\$5.00 May Be
	EL USA	28 F.L	کک ن	Trust Fund Contribution	Added to Fees
Zip 3.	Country	Zip 2 7 (18/ -	Country	8. This corporation owes the current year	
24 33	186 25 VS	29 33406 3	oUS	Personal Property Tax.	Yes No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name C					
ELYNN, HOFFER C.				Lynn G. Hoffer C	ARBONE
	N FEDERAL HWY. 2ND FLOOR		82 Street Add	Iress (P.O. Box Number is Not Acceptable)	
BOCA RATON FL 33487			83	a NVO V DIN	
			Boo	ca Ruton, FL 33	486
			84 City	· 1844、1841年195.46515148。	FL 85 Zip Code
44 Burniant	to the provisions of Sections 607 0502	and 607 1509 Florida Statutes	the above named corr	poretion submits this statement for the number	
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	Signature, typed or printed name of registered agent	+ Adding MACIED //C and title if applicable. (NOTE: R	egistered Agent signature require	ed when reinstating) DA7	E
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICER	S AND DIRECTORS IN 12
TITLE	D	[] DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	HOFFER-CARBONE, ELYNN G		12 NAME		
STREET ADDRESS	798 NW 6TH DRIVE		1.3 STREET ADDRESS		1
CITY-ST-ZIP	BOCA RATON FL 33486		1.4 CITY-ST-ZIP		
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY+ST-ZIP	<u> </u>	
ΠπLE		☐ DELETE	3.1 TITLE	-	Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		— — — — — — — — — — — — — — — — — — —	3.4. CITY-ST-ZIP		Change Addition
TITLE		☐ DELETE	41 TITLE		Thousande Thydragon
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		□ DELETE	4.4 CITY-ST-ZIP		Change Addition
TITLE		□ nere ie	5.1 TITLE 5.2 NAME		Towns Caronner
NAME	T.		5.3 STREET ADDRESS	•	
STREET ADDRESS			5.4 CITY-ST-ZIP		
CITY-ST-ZIP		☐ DELETE	6.1 T/TLE		☐ Change ☐ Addition
TITLE			6.2 NAME		
NAME			6.3 STREET ADDRESS		
STREET ADDRESS			6.4 City-ST-ZIP		

14. I hereby certify that the information supplied with this filing 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 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, with all other like empowered.

SIGNATURE: