

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

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1996**



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

**DOCUMENT # P95000059141 (8)**

1. Corporation Name

**HOPKINS FAMILY ENTERPRISES, INC.**



Principal Place of Business

**8510 SUNSET STRIP  
SUNRISE FL 33322**

Mailing Address

**8510 SUNSET STRIP  
SUNRISE FL 33322**

2. Principal Place of Business

21 **825 S.E. 6 STREET**

Suite, Apt. #, etc.

22 City & State

23 **FORT LAUDERDALE FL**

Zip

24 **33316**

Country

25 **BROWARD**

2a. Mailing Address

26 **2630 Timberline Lane**

Suite, Apt. #, etc.

27 City & State

28 **Marietta, GA**

Zip

29 **30062**

Country

30 **COBB**

3. Date Incorporated or Qualified

**07/28/1995**

3a. Date of Last Report

4. FLI Number

**65-0599288**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing

☐

**\$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

**HOPKINS, DAVID  
8510 SUNSET STRIP  
SUNRISE FL 33322**

10. Name and Address of New Registered Agent

81 Name

**DAVID HOPKINS**

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

**825 S.E. 6 STREET**

83

84 City

**FORT LAUDERDALE**

**FL**

85 Zip Code

**33316**

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

*David Hopkins*

(NOTE: Registered Agent signature required when re-appointing)

DATE

**4/29/96**

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **D HOPKINS, DAVID**  
STREET ADDRESS **8510 SUNSET STRIP**  
CITY-ST-ZIP **SUNRISE FL 33322**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

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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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

7.1 TITLE ☐ Change ☐ Addition

7.2 NAME

7.3 STREET ADDRESS

7.4 CITY-ST-ZIP

8.1 TITLE ☐ Change ☐ Addition

8.2 NAME

8.3 STREET ADDRESS

8.4 CITY-ST-ZIP

9.1 TITLE ☐ Change ☐ Addition

9.2 NAME

9.3 STREET ADDRESS

9.4 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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/29/96**

Date

**770-599-6019**

Daytime Phone

92E034 (12/95)