

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 # P95000085906 (2)

1. Corporation Name

HOFFMAN MOTORS, INC



Principal Place of Business

625-A. N. ANDREWS AVE.  
FT. LAUDERDALE FL 33311

Mailing Address

625-A. N. ANDREWS AVE.  
FT. LAUDERDALE FL 33311

3. Date Incorporated or Qualified  
11/07/1995

3a. Date of Last Report

—

2. Principal Place of Business

2a. Mailing Address

21 837 N.E. 3 Ave

26 1730 N.E. 17 St

4. FEI Number

65-0630023

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

City & State

City & State

23 Fort Lauderdale, FL

28 Fort Lauderdale FL

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

24 33304

25 Broward

29 33305

30 Broward

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HOFFMAN, LEWIS M  
1730 NE 17 ST.  
FT. LAUDERDALE FL 33305

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 LEWIS M HOFFMAN VP

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Gene N. Hoffmann - 4-22-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PST ☐ DELETE  
NAME HOFFMAN, LEWIS M  
STREET ADDRESS 1730 NE 17 ST.  
CITY-ST-ZIP FT. LAUDERDALE FL 33305

TITLE V ☐ DELETE  
NAME HOFFMAN, ARLENE R  
STREET ADDRESS 9220 SW 14 ST., APT. 3404  
CITY-ST-ZIP BOCA RATON FL 33428

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

1. 1 TITLE PST ☒ Change ☐ Addition  
12 NAME HOFFMAN ARLENE R  
13 STREET ADDRESS 9220 SW 14 ST APT 3404  
14 CITY-ST-ZIP BOCA RATON, FL 33428

2. 1 TITLE V ☒ Change ☐ Addition  
22 NAME HOFFMAN LEWIS M  
23 STREET ADDRESS 1730 NE 17 ST  
24 CITY-ST-ZIP FT LAUDERDALE, FL 33304

3. 1 TITLE ☐ Change ☐ Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

4. 1 TITLE ☐ Change ☐ Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

5. 1 TITLE ☐ Change ☐ Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

6. 1 TITLE ☐ Change ☐ Addition  
62 NAME  
63 STREET ADDRESS  
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)(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

4/22/96

954-565-2061

Daytime Phone #

CR2E034 (12/95)